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ABSTRACT

This implementation guide is designed for community-based organizations interested in developing programs similar to Plain Talk, a neighborhood-based initiative aimed at helping adults, parents, and community leaders develop the skills and tools needed to communicate effectively with youth about reducing adolescent sexual risk taking. The guide is a companion to the Plain Talk Starter Kit, which describes strategies used in five Plain Talk sites and attempts to capture lessons learned in these communities. This guide offers detailed information about program components at each site which can be adapted to other initiatives. It also looks at the strategy behind the Plain Talk initiative. Seven sections focus on: "Plain Talk Overview"; "Description of Plain Talk Components"; "Community Mapping Component"; "Walkers & Talkers Component"; "Home Health Parties Component"; "Performance Measures"; and "Technical Assistance and Performance Measures." A final section offers other resources (annotated contact information for key organizations and a sample self-assessment form for the implementing agency). (SM)

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# PLAIN TALK

## IMPLEMENTATION GUID

**Tools for Developing Community Programs to Reduce Teen Pregnanc STDs, and HIV/AIDS**

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## Acknowledgments

This publication wouldn't have been possible without the wonderful work of Plain Talk families in Atlanta, Hartford, New Orleans, San Diego, and Seattle. Collectively, these families helped to move adolescent reproductive health programs to the next generation of intervention strategies by demonstrating that it is possible to change community norms. In all five communities, adults accepted their responsibility as role models and worked together to give young people clear, concise, consistent, and correct information about how to protect themselves from pregnancy, STDs, and HIV/AIDS. We wrote this implementation guide to capture the family-engagement strategies and techniques for improving adult/adolescent communication about sexuality and to improve teens' access to contraceptive services.

Many individuals and organizations contributed to the Plain Talk Implementation Guide. We are particularly grateful to the Plain Talk Project Directors for their skill in articulating the operational details of a community change initiative that, by definition, has lots of moving, constantly evolving work elements. They are Cheryl Boykins, Tammi Flemming, Marta Flores, Howard Martin, Tom Slattery, and Jemea Smith. Thanks to their patience and dedication, we could strip Plain Talk to its core and identify the elements most closely associated with Plain Talk's success.

While developing this guide, we were lucky enough to have the input of communities that were in the early stages of replicating Plain Talk. Special thanks to agency staff, particularly Kelly Rogers Ruffing and Nancy Tartt, in the two implementation sites for providing insights about what new sites really want and need to know about the Plain Talk Initiative.

We also would like to thank the Foundation's technical assistance consultants for their input: Marcia Bayne-Smith, Monyett Ellington, and Kate Fothergill. Their perspectives about what it takes to translate complex change strategies into a set of tools that work were critical to implementing Plain Talk and writing this guide.

We are especially grateful to P/PV staff David Racine and Geri Summerville for their expertise in implementation technology. A special thanks to Geri Summerville, who took the lead in gathering information about implementation activities, figuring out how to package it, then writing it up in a style that embodies "Plain Talk" values: it's clear, concise, and based upon facts.

**Debra Delgado**
Senior Associate
The Annie E. Casey Foundation

## Table of Contents

**Introduction** ..... 6

**How to Use This Guide** ..... 7

**Section I**

**Plain Talk Overview** ..... 11

The Plain Talk Strategy ..... 11

Plain Talk Evaluation Results ..... 15

**Section II**

**Description of Plain Talk Components** ..... 21

Phase One of Implementation ..... 21

Phase Two of Implementation ..... 22

Implementation Diagram ..... 24

**Section III**

**Community Mapping Component** ..... 27

Choosing an Implementing Agency ..... 27

Community Mapping Diagram ..... 29

Staffing ..... 30

Choosing a Target Area/Community ..... 33

Recruiting Community Members ..... 35

Physical Mapping of the Target Area ..... 38

Survey Mapping of the Target Area ..... 41

Survey Analysis and Results ..... 46

**Section IV**

**Walkers & Talkers Component** ..... 51

Walkers & Talkers Diagram ..... 52

Qualities and Skills ..... 53

Recruitment Process ..... 54

Monetary Incentives ..... 54

Training Walkers & Talkers ..... 56

Areas of Responsibility ..... 59

**Section V**

**Home Health Parties Component** . . . . . 63

Designing a Home Health Party Structure . . . . . 64

Home Health Parties Diagram . . . . . 66

Recruitment of Home Health Party Hosts . . . . . 69

Incentives/Stipends . . . . . 70

Training of Home Health Party Hosts . . . . . 71

**Section VI**

**Performance Measures** . . . . . 75

Sample Performance Measures — Phase I . . . . . 77

Sample Performance Measures — Phase II . . . . . 78

**Section VII**

**Other Resources** . . . . . 81

Contact Information for Key Organizations . . . . . 81

Sample Self-Assessment Form for Implementing Agency . . . . . 91

Technical Assistance and Contact Information . . . . . 92

**Appendix**

**Plain Talk Surveys** . . . . . 95

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For more information about the Annie E. Casey Foundation and the Plain Talk initiative, please visit our website, www.aecf.org.

## Introduction

Plain Talk is a neighborhood-based initiative aimed at helping adults, parents, and community leaders develop the skills and tools they need to communicate effectively with young people about reducing adolescent sexual risk-taking.

A four-year, $5 million project launched in 1993 by the Annie E. Casey Foundation, Plain Talk began in five urban neighborhoods: Mechanicsville in Atlanta, Georgia; Logan Heights in San Diego, California; White Center in Seattle, Washington; St. Thomas in New Orleans, Louisiana; and Stowe Village in Hartford, Connecticut. These communities were given resources, tools, one year to develop a plan, and three years to implement it.

While each plan looked different, they were all connected to four basic principles:

- Community residents should be central to the decision-making process because they have the biggest stake in changing community behavior and norms.
- Residents should come to a consensus about what changes are necessary.
- Communities should have access to, or the means to obtain, reliable information about the problems and practices they are trying to address.
- Adults should not deny the reality that some youth are sexually active.

This Plain Talk Implementation Guide is designed for community-based organizations interested in developing similar programs, as well as for policymakers interested in an innovative, proven approach to reducing teen pregnancy and developing stronger community bonds.

The Guide is a companion piece to the Plain Talk Starter Kit. The Starter Kit describes the strategies used in the five Plain Talk sites and attempts to capture the lessons these communities learned by carrying out the program. The Implementation Guide goes further. It offers detailed information about the program components at each site—components that can be adapted to other initiatives such as curbing violence or stemming substance abuse. The Guide also looks at the strategy behind the Plain Talk initiative while summarizing the program's performance to date.

## How to Use This Guide

The Plain Talk Implementation Guide is organized into seven sections:

- Plain Talk Overview
- Description of Plain Talk Components
- Community Mapping Component
- Walkers & Talkers Component
- Home Health Parties Component
- Performance Measures
- Technical Assistance and Performance Measures

The reader is advised to begin with the Plain Talk Overview and then use the following sections as aids to program design. We won't discourage reading straight through from the first page, however.

Plain Talk Overview

## Plain Talk Overview

### The Plain Talk Strategy

Although the teen birth rate has declined over the past decade, the problem is still prevalent in many low-income, minority neighborhoods. The rates for both Hispanic and African-American teens remain higher than for other groups. Notably, the United States has the highest rates of teen pregnancy and births in the Western industrialized world, and teen pregnancy costs the United States at least $7 billion annually.[1] In addition, nearly four in 10 young women become pregnant at least once before they reach the age of 20—nearly one million a year. Eight in 10 of these pregnancies are unintended, and 79 percent are to unmarried teens.[2] The National Center for Health Statistics reported that 22 percent of all teen births in 1999 were already second or higher-order births.[3]

For more information about the Plain Talk story, please visit us on the Annie E. Casey Foundation's website at:
www.aecf.org/publications/plaintalk/index.htm

The United States has the highest rates of sexually transmitted diseases (STDs) in the industrialized world, with rates that are 50 to 100 times higher than other industrialized nations. An estimated 12 million new cases of STDs in the United States are reported each year, with 3 million occurring among teenagers between 13 and 19 years old.[4] In light of these statistics and recent research in adolescent reproductive health, several core assumptions can be made:

- Large numbers of teens—both girls and boys—are having sexual intercourse, and trends suggest that their numbers and potential risks are increasing;
- Sexually active teens need to know they are at risk for pregnancy and sexually transmitted diseases;
- Many parents and other adults know that young people are sexually active, and these adults are prepared to acknowledge teen sexual activity;

1 National Campaign to Prevent Teen Pregnancy. (1997). *Whatever Happened to Childhood? The Problem of Teen Pregnancy in the United States*. Washington, DC.
2 Martin, J.A. Hamilton, B.E., Ventura, S.J., Menacher, F. & Park, M.M. (2002). Births: Final data for 2000. National Vital Statistics Reports 50(5).
3 U.S. Department of Health and Human Services, Report to Congress, August 2000.
4 Centers for Disease Control, *The Challenge of STD Prevention in the United States*, November 1996.

- Adults want to be able to give teens effective guidance on this issue, and are willing to receive the skills and information needed to effectively communicate with young people; and

- Sexually active youth need contraceptive/protective methods and services available to them that are both affordable and accessible.

Concern for the at-risk, sexually active youth in America prompted the Annie E. Casey Foundation to develop Plain Talk—a unique approach to teen pregnancy and sexually transmitted disease prevention. The Plain Talk strategy is quite simple. If you increase adult/teen communication about sex, and increase sexually active teens' access to contraceptives, you will decrease the number of unwanted pregnancies, STDs, and HIV/AIDS. This is exactly what five urban communities—New Orleans, Atlanta, Hartford, San Diego, and Seattle—set out to do in 1993 with grants from the Annie E. Casey Foundation. Specifically, Plain Talk's goals were:

- To create a consensus among parents and adults about the need to protect sexually active youth through encouraging early and consistent use of contraceptives;

- To give parents and other community adults the information and skills they need to communicate more effectively with teens about responsible sexual behavior; and

- To improve adolescent access to quality, age-appropriate and readily available reproductive health care, including contraception.

The strategies used in Plain Talk provide parents and other community adults with the skills needed for effectively communicating with teens on sexual issues. Research has shown that parents shy away from discussing sex with their children because they fear that talking about sex will encourage them to have sex. There is evidence, however, that avoiding the topic may not be at all protective but, in fact, may be quite harmful.[5] Children will naturally gain information about sex from their peers, and from other sources such as movies and television. One way or the other, they will learn. Plain Talk empowers parents to be the sex educators for their children. It ensures parents that their children will learn correct information and receive proper guidance.

Plain Talk gives adults correct information on reproductive health issues, pregnancy and pregnancy prevention, and the contraction of STDs and HIV/AIDS. Many adults themselves are misinformed and pass along incorrect information to their children. Or, adults may realize they lack the information they need and are fearful of answering questions, so they are reluctant to broach the subject. Plain Talk gives parents and community adults the tools they need to educate and protect sexually active teens in their community. The Plain Talk formula for success is simple:

| | | |
|---|---|---|
| Education<br>+<br>Communication<br>+<br>Access to Contraceptives | = | Fewer Unwanted<br>Pregnancies and STDs |

5 Thompson, Sharon.(1995). The Journal of Sex Research. Vol.27. No.8. pp.341-361.

The formula leads to success when the outreach and education to parents is implemented in a proactive way. Plain Talk is not just about offering parents information. It's about working with them to improve their communication with their children and with other adults. It's about helping parents to build consensus about what messages teens should hear from family, friends, neighbors, educators, youth-serving organizations, and other neighborhood institutions. Finally, it's about developing parents as leaders to advocate for teens' increased access to reproductive health services.



14

### Plain Talk Evaluation Results

An evaluation of Plain Talk was conducted by Public/Private Ventures (P/PV) to determine if increased communication between youth and a knowledgeable adult about sexual issues, combined with an increase in access to contraceptives, positively affected teens' sexual knowledge and behavior in the Plain Talk communities. In three Plain Talk communities—Atlanta, San Diego, and New Orleans—changes in youth attitudes and behaviors were tracked through surveying 12- to 18-year-olds in 1994, at the beginning of the Plain Talk initiative, and then again in 1998, at the end of the demonstration period.

The full evaluation report is available on the Foundation's website at: www.aecf.org/publications/data/ptevalfinal.pdf

Overall, the evaluation report found that communication between youths and knowledgeable adults about sexuality, combined with increased access to contraceptives, was positively associated with teens' accurate sexual knowledge and behavior. In 1994, 33 percent of the sexually experienced youth had been pregnant or caused a pregnancy. Four years later, in 1998, only 27 percent of the sexually experienced group surveyed had been pregnant or caused a pregnancy. However, if there had been no change in the quality of the communication over the four-year period, the pregnancy rate among the new group of teens was projected to have been 38 percent. Analysis of the survey data suggested that most of the 11 percentage point decrease was due to better communication.

The evaluation report went on to explain that the two sites that instituted peer-educators, also known as Walkers & Talkers, had a higher degree of success in educating a larger number of adult residents in their communities—800 in New Orleans and 1,350 in San Diego. It also found that sites which used residents (Walkers & Talkers) as trainers, delivered training with more explicit sexual information. Some of the reasons cited for this success were:



15

- Walkers & Talkers were community residents themselves, therefore there was less suspicion toward them;

- Walkers & Talkers had access to more people in the community;

- Walkers & Talkers were more comfortable than professional health educators in discussing the difficult aspects of teenage sex with other residents;

- Discussions held by Walkers & Talkers were more direct and focused than those of professional health educators; and

- As part of the community, Walkers & Talkers felt they had the responsibility and right to challenge other community residents with the Plain Talk message.

Additionally, the evaluation report noted that at the beginning of the initiative, sites were divided on whether to focus more on helping adults communicate with teens about sex, or whether to focus more on increasing adults' sexual knowledge. By the end of the initiative, all sites agreed that both aspects were equally important and that training must include both.

The P/PV evaluation also found that the Plain Talk framework enabled communities to change the way adults communicated with teens about sexuality. By the end of the third year, many community adults had been trained and more youth spoke with adults than at the start in 1993. More frequent communication was associated with improvements in neighborhood teens' sexual knowledge, attitudes, and behaviors. In particular, the evaluation found:



16

- More frequent communication between adults and sexually active youth; and
- Higher levels of youth awareness of where to get birth control.

The evaluation further showed that youth who talked with adults, in comparison to those who did not talk to adults about contraception and sexuality:

- Knew more about, and were more comfortable with, contraceptives;
- Used birth control more;
- Used reproductive health services more; and
- Were less likely to have an STD or a pregnancy.[6]

The results of this evaluation confirmed the validity of the three basic Plain Talk components described in this guide—Community Mapping, Walkers & Talkers, and Home Health Parties. These three components were selected because:

- They were implemented in at least three Plain Talk demonstration sites;
- The implementation was successful in more than one site; and
- There was a positive association between the implementation of these activities and the evaluation results.

[6] Grossman, J., Walker, K., Kotloff, L., and Pepper, S. (2001) *Adult Communication and Teen Sex: Changing a Community.* Philadelphia: Public/Private Ventures.

# Description of Plain Talk Components

## Description of Plain Talk Components

All Plain Talk activities can be condensed into three major components—Community Mapping, Walkers & Talkers, and Home Health Parties. These three components represent two phases of starting a Plain Talk program:

- Phase One: Resident Recruitment and Information Gathering
  - Community Mapping
- Phase Two: Community Outreach and Mobilization
  - Walkers & Talkers
  - Home Health Parties

This section gives an overview of both phases of implementation, including all components and estimated timeframes for completion. Diagrams for the activities and specific tasks associated with each component also appear in later sections as graphic illustration. Each component will be fully addressed in later sections of this guide.

### Phase One of Implementation

The first phase of implementation consists of Community Mapping. Community Mapping can be described in various ways, and the term itself is easy to misconstrue. Some people may think of mapping as a process of physically defining a geographical area, or perhaps even plotting a piece of land on an actual map. While this is a part of the Plain Talk Community Mapping process, the process in practice encompasses a much broader set of specific activities.

The main objective of Plain Talk Community Mapping is to carry out a clear-cut set of activities that will supply information regarding the community at large. It is used to determine what neighborhoods would be

best for the program, and which agencies would be best suited to implement it successfully. The Community Mapping process gains information on the community's attitudes, knowledge, and beliefs regarding teen sexual behavior. It is also used to recruit and involve residents in developing solutions. To accomplish these objectives, Community Mapping is divided into the following six implementation activities:

- Choosing an Implementing Agency
- Choosing the Target Area/Community
- Recruiting Community Members/Residents
- Physical Mapping of the Target Area
- Survey Mapping of the Target Area
- Survey Analysis and Results Preparation

Plain Talk demonstration sites have noted that they spent a large amount of time implementing these activities because it was a new community initiative. They believe that future sites should be able to complete these activities more quickly now that past experience has been gleaned and documented. Most sites agree that the six Community Mapping activities can be completed within a six- to-nine-month timeframe. Therefore, a realistic goal is to complete Phase One between the sixth and ninth month of the first year of implementation.

### Phase Two of Implementation

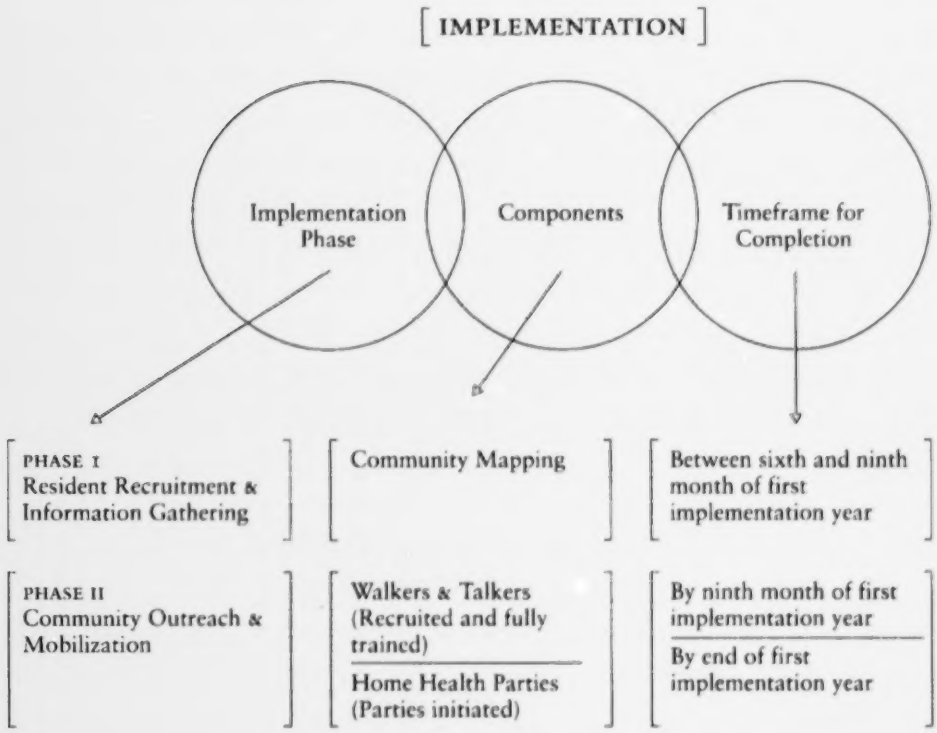
Phase Two of implementation includes both the Walkers & Talkers component and the Home Health Parties component. Walkers & Talkers is a concept that began at the New Orleans Plain Talk site and within a short time became a key element at the San Diego site. Because the San Diego site implemented Plain Talk completely in Spanish, the Walkers & Talkers were called "*Promotoras.*" Walkers & Talkers sprang

forth from Plain Talk resident volunteers who went into the community with the Plain Talk message and "walked their talk." They went door-to-door, into schools, into community centers and businesses, and just about anywhere they could find an audience to listen. Their message contained the results of the surveys conducted during the Community Mapping process. Their primary function was to inform community residents of the Plain Talk message, recruit Home Health Party hosts, and facilitate Home Health Parties in the community.

The concept of Home Health Parties also first emerged at the New Orleans site and eventually became an integral part of several of the other Plain Talk sites. In San Diego, the Spanish equivalent of the Home Health Party was called "*Vecino y Viceno.*" This technique is used in the business world to gain entry into individuals' homes in order to sell a product. A prime example of this would be Tupperware parties. In the case of Plain Talk, instead of selling a product, the purpose of the party is to educate adults and parents on sexual issues and to teach them the importance of communicating this knowledge to their children and other adolescents in their community. Thus emerged the concept of "Askable Adults." The goal of Home Health Parties is to help recruit more "Askable Adults" in the community, which will in turn increase the accuracy and frequency of adult/teen communication about sexual issues.

As Phase One of implementation is nearing completion, the implementing agency should be recruiting Walkers & Talkers to carry out Phase Two. The Walkers & Talkers should be chosen and trained by the ninth month of year one of implementation. This will allow a period of three months to disseminate the survey results to the community and begin recruiting hosts and facilitating Home Health Parties. A realistic goal for having Walkers & Talkers trained and Home Health Parties initiated in the community is by the end of the first year of implementation. It is important to remember that this is only a guideline, and it may take

some Plain Talk communities longer to progress through each phase. More details on setting realistic timelines for your community are discussed in the Performance Measures section of this guide.


IMPLEMENTATION
Implementation Phase
Components
Timeframe for Completion
PHASE I
Resident Recruitment & Information Gathering
Community Mapping
Between sixth and ninth month of first implementation year
PHASE II
Community Outreach & Mobilization
Walkers & Talkers (Recruited and fully trained)
Home Health Parties (Parties initiated)
By ninth month of first implementation year
By end of first implementation year

Community Mapping Component

## Community Mapping Component

This section will explore in detail each of the six activities used in Community Mapping. It will also give explicit examples of how various Plain Talk sites have accomplished these activities, so that they can be understood concretely. The six activities are:

- Choosing an Implementing Agency
- Choosing the Target Area/Community
- Recruiting Community Members/Residents
- Physical Mapping of the Target Area
- Survey Mapping of the Target Area
- Survey Analysis and Results Preparation

### Choosing an Implementing Agency

The Plain Talk program has been successfully placed in several different types of agencies, so it is difficult to name one particular kind of agency as the "best" for implementing the program. For example, in Atlanta the implementing agency was the Center for Black Women's Wellness. This organization's mission is to address health issues related to women in the community. The Center is located in the neighborhood that it serves and has strong ties with community residents. The New Orleans Plain Talk implementing agency was the St. Thomas-Irish Channel Consortium, a social reform organization working within the St. Thomas Public Housing Development, where the program was implemented. The Center and the Consortium were different types of organizations, yet both were effective in garnering community support and involvement for the program.

Because of the differences in types of agencies that have been shown to be effective, it is more appropriate to focus on characteristics and qualities that successful Plain Talk implementing agencies shared. An implementing agency should have four basic characteristics. It should:

- Be physically located within the target area/community;
- Have strong past and present experience working within the community and with residents;
- Have experience working with parents and youth; and
- Have experience in health education and/or delivery of health services.

In addition, several other factors should be taken into consideration when choosing an implementing agency:

- What is the agency's history in recruiting and retaining staff?
- What is the agency's reputation in the community?
- What experience does the agency have in implementing new programs?
- Has the agency shown financial stability over an extended period of time?
- Does the agency have relationships with key stakeholders in the community (e.g. political figures, health care providers, etc.)?

A good way to make a determination during the selection process is to develop a self-assessment application that asks the applicant to respond to both the list of criteria and the questions stated above. Then, a rating system could be developed to ascertain which agencies best meet the standards you set. (A sample self-assessment form is provided at the end of this guide.)

[ COMMUNITY MAPPING ]
ACTIVITIES
SPECIFIC TASKS
CHOOSE IMPLEMENTING AGENCY AND STAFF
• Choose location of agency
• Conduct assessment of agency
• Hire staffing positions
• Develop basic skills needed by staff
CHOOSE TARGET AREA
• Start small
• Choose specific geographic area
• Address cultural/diversity issues
• Include formal and informal infrastructures
RECRUIT COMMUNITY MEMBERS
• Seek out community leaders
• Recruit community residents
• Develop plan to include men
• Develop plan to include teens
• Build consensus
PHYSICAL MAPPING OF TARGET AREA
• Determine where most residents reside
• Determine where vacancies exist
• Divide neighborhoods into manageable sections (e.g. homes, streets, blocks)
• Determine availability and access to contraceptives/reproductive health care
SURVEY MAPPING OF TARGET AREA
• Hire outside research organization
• Recruit community residents as surveyors
• Review/revise survey questions
• Train residents in conducting survey
• Decide on stipends/incentives
• Develop specific timeline for completion
• Conduct surveys
SURVEY ANALYSIS AND RESULTS PREPARATION
• Compile surveys and review for accuracy and completeness
• Develop timeline for analysis of results
• Discuss results/develop charts and visual aids to help community understand data

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### Staffing

Staffing for the program must be addressed once an implementing agency is selected. The demonstration sites varied slightly on how many and what positions were adequate to implement Plain Talk well. All sites had between four and six staff positions at the outset, but four staffing positions, sites agree, are essential to begin implementing the program:

[ Project Director ]

[ Project Assistant ]

[ Community Organizer ]

[ Administrative Assistant ]

It is important to make every effort to recruit staff who reside in or near the target area. It is equally important to search for staff whose language, racial, and cultural backgrounds match the community being served. Roles, responsibilities, and skills deemed necessary for each of these staffing positions are shown below:

[ Project Director ]

This individual will manage the program as a whole. He/she will be responsible for supervising other program staff; managing the program budget; working with outside organizations and/or consultants; garnering support from local community agencies and services providers; and developing donor support and sustainable funding resources. The skills strongly recommended to carry out these tasks are:

- Management experience and staff supervision;
- Existing relationships with the broader community;
- Interpersonal and communication skills;
- Fundraising/grant writing ability;
- Previous experience with family and/or adolescent issues; and
- Social work or public health educational background.

In the initial mapping process, the Project Director takes the lead in hiring and organizing staff; assigning responsibilities and duties; and helping shape a recruitment strategy for community involvement. He/she also initiates meetings with well-known community members and key stakeholders to explain Plain Talk in order to garner support for beginning the program.

[ Project Assistant ]

This individual will support the Project Director as well as help in the development and oversight of all program activities. He/she may also be required to provide technical support and training to community residents involved in the program. The skills and experience needed for this position are:

- Task-orientation;
- Proven organizational skills;
- Administrative skills;
- Interpersonal and communication skills;
- Good writing skills; and
- Ability to coordinate and motivate cohesiveness within groups.

During the mapping process, the project assistant will be responsible for implementing the strategy for recruiting community members; setting up community events; and assigning volunteers for both the physical and survey mapping process. He/she will have direct oversight and responsibility for both the physical and survey mapping process from start to finish.

[ Community Organizer ]

This individual will be responsible for mobilizing the community. He/she will conduct door-to-door outreach, contact community leadership, and develop and participate in community-wide events. The necessary skills recommended for this position are:

- Good reputation in the community;
- Knowledge of the community;
- Past community organizing experience;
- Proven ability to recruit volunteers;
- Proficiency in dominant language of target area;
- Strong interpersonal skills (articulate and outspoken); and
- Basic administrative skills.

The Community Organizer will be an important part of the mapping process. His/her duties will include going into the community and inviting residents to Plain Talk events; explaining what Plain Talk is; recruiting residents to participate; and actually participating in both the physical and survey mapping process. It will be his/her responsibility to make sure volunteers are aware of all Plain Talk meetings and events—and that they are available and show up on schedule.

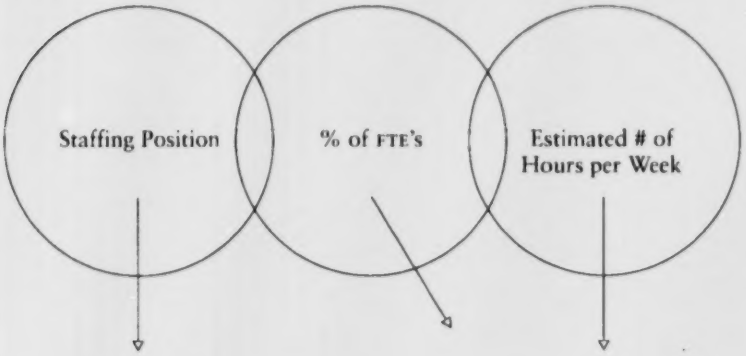
[ Administrative Assistant ]

This is a clerical support position. Responsibilities may include word processing, database input, receptionist duties, and other administrative tasks. Skills required are:

- Good verbal and written skills;
- Basic computer skills;
- Resourcefulness (ability to anticipate and solve problems); and
- Organizational skills (detail-oriented).

The administrative assistant will help with all of the administrative duties involved in the mapping process. He/she will provide all necessary materials to the volunteers, keep track of all surveys, and organize a database of volunteers and their mapping assignments.

Demonstration sites varied on the amount of staff time required to implement and sustain Plain Talk over time. Below is an estimate showing the percentage of full-time equivalents (FTEs) needed for each position stated above. Keep in mind, since staff time varied with each site's capabilities, that you may need to adjust these amounts.




| | | |
|---|---|---|
| Project Director | .25 | 10 hours |
| Project Assistant | 1.0 | 40 hours |
| Community Organizer | .50 | 20 hours |
| Administrative Assistant | .50 | 20 hours |

**Choosing a Target Area/Community**

In 1993, the original Plain Talk program sites were located in five urban neighborhoods in Atlanta, Seattle, Hartford, San Diego, and New Orleans. Each neighborhood/community had to meet certain criteria to be selected as a Plain Talk site. The communities:

- Had high rates of poverty;
- Had large numbers of sexually active youths;
- Had a high rate of teen pregnancy; and
- Showed a readiness to confront these issues (e.g. community collaborations, advisory boards, political awareness of problem, etc.).

The neighborhoods chosen were culturally diverse, with New Orleans, Hartford, and Atlanta being predominantly African-American, and San Diego being completely Latino. In fact, the San Diego site implemented the program entirely in Spanish. Seattle served a mixed population of 50 percent Caucasian, 25 percent Cambodian, and 25 percent Vietnamese. Although it was not found that one particular ethnic group embraced the program more, or implemented it better, some cultural differences appeared.

In San Diego, the Latino community had a strong informal structure. There appeared to be widespread feelings of unity and a sincere desire to change the neighborhood for the better. Because it was a transient community with a fairly large number of undocumented individuals, the residents had created an informal network which they relied upon heavily for information and support.

The New Orleans site had a strong formal, institutional infrastructure in place in the St. Thomas-Irish Channel Consortium located in the St. Thomas Housing Development. This gave the residents a unified voice with political clout in the community. During the demonstration phase of Plain Talk, communities that lacked a strong formal or informal structure took longer to implement the program and were not as far-reaching. So, in choosing a target area or community, best practice suggests that the four criteria cited above be met, and that a strong formal or informal network be evident, too.

Finally, the geographic size of the community is important. Since the components of Plain Talk work best in a concentrated geographic area, it is best to start small and gradually move outward. In other words, once the city has been chosen, a particular neighborhood should be selected. After that neighborhood has been saturated with the Plain Talk message, expansion to neighboring communities can be considered. Don't bite off more than you can chew. It is always more manageable to start small and build as opportunity presents itself, than to start big and run a higher risk of failure.

### Recruiting Community Members

Before the actual physical mapping and surveying of the community can begin, the agency staff need to develop a plan to recruit community members for participation in the process. Depending on the implementing agency, this can be accomplished in different ways. In Atlanta, for example, The Center for Black Women's Wellness passed out flyers door-to-door throughout the target area inviting everyone to a neighborhood barbecue at the agency. At the barbecue, agency staff explained what the program was and how community residents could become involved. They passed out sign-up sheets and were able to recruit many resident volunteers.

A more formal networking approach was used in San Diego. Community agencies were already getting together for brown bag lunches once a month to discuss ways to help integrate services for residents. From these lunches, the lead agency's director was able to obtain a list of names of key individuals within the community. She and two of her staff members contacted these individuals to enlist their participation in conducting the Plain Talk mapping surveys. San Diego also held focus groups at community centers to promote awareness of the program and recruit residents.

In New Orleans, the implementing agency was located in, and was associated with, a large housing development. The agency developed what they called the "100 family plan." They went door-to-door and recruited

one resident of each building to become involved as a Plain Talk captain. Each captain and his or her family had to volunteer in some capacity in the Plain Talk program. At one point, New Orleans had 170 families recruited as volunteers.

As you can see from these examples, there are many creative ways to recruit community members. It is important for a new implementing agency to develop a plan that will work in its particular neighborhood. Below is a list of ideas and methods that have been shown to be effective in Plain Talk recruitment:

- Develop flyers and distribute throughout the neighborhood (e.g. door-to-door, at shopping malls, and community centers);
- Organize a community event to introduce Plain Talk (e.g. block parties and barbecues);
- Set up meetings with other community agencies to determine who are key individuals in the community;
- Conduct focus groups at agency, schools, or community centers to discuss Plain Talk;
- Review the agency database and contact community members who have volunteered in the past; and
- Contact key stakeholders in the community to build awareness of the program (e.g. political figures, community agency directors, the faith community, and service providers).

This is by no means an exhaustive list of ideas. Most agencies in the demonstration phase found it helpful to hold "brainstorming" sessions with staff and community members with whom they already had a relationship. Be as creative as you can be, and come up with as many ideas

as possible. Make a running list of these ideas without making judgments on which ones might be good or bad. At the end of this process, decide as a group which ideas would work best with your unique community.

**Include Men and Teens**

It is important to remember to recruit all members of your community—not just women, but also men and teens. This will be valuable to you in gaining support and creating awareness of the program. Sites have done this in several ways. In New Orleans, for example, in developing their "100 family plan" it was stipulated that if a family wanted to become the captain of their building, every family member had to participate in Plain Talk—the women, the men, and the teens.

As the men began to meet around Plain Talk, they formed a separate group called Black Males United for Change. This group helped promote Plain Talk in the community and became vocal on such topics as decreasing sexually transmitted diseases (STDs) and HIV/AIDS. It also went on to address other community problems such as unemployment and the need for job training.

In San Diego, they were able to use additional funds from the State of California to promote male involvement in Plain Talk. This site implemented a peer education strategy for males under the guidance of two male health educators. The strategy was developed and geared specifically towards the Latino culture. The men who participated were able to learn about Plain Talk and volunteer for the program.

Equally important is the inclusion of teens. After all, they are what this program is all about, and their input is not only necessary but vital. In the early recruitment process, most sites gained access to youth through their parents, who volunteered to participate. So as you begin to recruit adult community members, be sure to draw from the pool of teens available from those families. As you will read later in this section, other youth were also easily recruited through the survey mapping process.

### Physical Mapping of the Target Area

After a group of residents has been recruited for Plain Talk, the actual mapping of the community can begin. The first type of mapping to occur is the physical mapping of the community. This is the process of finding out exactly where residents live in the target area before surveying begins. Because surveying is both expensive and time-consuming, it is always preferable to physically map out an area first to be sure you can reach the maximum number of families during the survey.

There are several ways previous Plain Talk sites accomplished this task. Because the New Orleans implementing agency was part of the housing development they were targeting, they were able to ask the housing authority for a list of all residents, which apartments they lived in, which apartments were vacant, and which residents had youth between the ages of 11 and 18. This enabled them to divide the housing development into sections and addresses, then later to assign each surveyor a particular area of responsibility and list of addresses.

**Consensus Building**

Building consensus among any group of people can be difficult. It is probably easier to first explain what "consensus building" does NOT mean. It does not mean that everyone agrees with everything, nor does it mean that everyone has the same beliefs and attitudes about everything. Consensus does mean that, even with personal disagreements, preferences, and beliefs, a group of individuals can still find common ground around a particular subject. In this case—protecting their youth from unwanted pregnancy, STDs, and HIV/AIDS.

It is important that from the time volunteers are recruited into the program and through the entire process, regular meetings are held with the agency staff to discuss topics regarding teen sexuality. These meetings should allow everyone the opportunity to express their views, fears, and beliefs. During meetings, respect and consideration for one another's views should be a basic ground rule. It is imperative to help the group form a shared mission as to what they would like to accomplish with Plain Talk in their community. Consensus building is not a one-time activity, but an ongoing process to be pursued throughout implementation.

Neither Atlanta nor San Diego had this convenience available to them. They had to go street-by-street and door-to-door to determine where residents lived, which areas had the most vacancies, and which families included teens. Both sites reported that this process took approximately two weeks to accomplish, but they found it valuable in helping them develop a good idea of where most teens were living. Those streets were tagged as better suited for surveying. Each site was then able to divide up the target area into manageable sections and make assignments for community surveyors.

Every implementing agency will have different resources and tools available to complete the physical mapping process. It is up to the implementing agency to determine what resources are available and develop a plan of action to accomplish this task. Here are some things to consider when developing the plan:

- Are there formal institutions/organizations available to give you information?
- Is there anyone in your agency with experience in physically mapping a neighborhood?
- Are there individuals who live in the neighborhood who can give you some information before you physically walk the neighborhood?
- If there is a need to physically walk the neighborhood, how many blocks or buildings need to be covered?
- How many volunteers will be needed to cover this area?

Remember, during this process, the main information you are seeking is:

- Which homes are occupied?
- Which homes are vacant?
- Which homes have youth aged 11 to 18?

In addition to the residential mapping above, a second area of interest should be considered during physical mapping. It is important to find out what reproductive health care services are available in the community, and how well youth are able to access contraceptives. This is the opportune time to recruit several individuals to canvass the community to determine exactly what is available to youth at the outset of the program. This will enable you later to determine: 1) what needs are being met; 2) what resources are lacking; and 3) what changes may be needed to provide better access to reproductive health care. Questions to consider are:

- How many facilities (clinics, hospitals, and physicians' offices) that provide reproductive health care services to youth are located within the target?
- Where are they located within the target area? Is there easy access by walking or bus?
- How many local businesses provide contraceptives, and are these businesses conveniently located in the target area?
- How are contraceptives displayed in these businesses? Can they be accessed off the shelf or do youth have to ask for them?

Remember, this is just a physical mapping to see what reproductive health care is available and how contraceptives are obtained. This does not yet deal with attitudes or other barriers that youth may encounter.

After the physical mapping is completed, streets and blocks can be subdivided into manageable sections for the actual survey. You will be able to see which areas of your community will yield the greatest number of possible participants to survey. Focus on those areas first. Consider how many individuals were recruited to help with surveying, and divide the neighborhood into sections accordingly (i.e. if you have ten volunteers, divide the area into ten sections).

### Survey Mapping of the Target Area

Survey mapping entails a level of expertise that many sites may not have available. Because of this, it is strongly recommended that sites seek outside help to assist with this activity. There are usually independent research organizations and/or research professionals available in metropolitan areas. A good place to begin looking would be a nearby university. Start inquiring, and usually word of mouth will bring various options from which to choose.

During the demonstration phase of Plain Talk, Philliber Research Associates was hired to assist sites with this phase of program implementation. Their responsibilities included: 1) developing surveys to be used with both adults and teens; 2) training recruited volunteers in conducting the survey; 3) analyzing the survey results; and 4) preparing reports to be shared with the community. The importance of doing a professional job during the surveying process in order to collect relevant and accurate data cannot be overstated.

There are several decisions that need to be made and questions to be answered before actually conducting the surveys door-to-door. Below are some examples meant to give insight into how each of these questions was answered by previous Plain Talk sites in order to help you answer the same questions:

- What will the survey questions be?
- Who will conduct the surveys?
- How much will surveyors be paid?
- Who will train surveyors?
- What community members should participate in the survey?
- What is the timeframe for completing the surveys?

**What will the survey questions be?**

In the Appendix at the end of this guide (page 95) you will find templates of survey forms for adults, adolescents, and service providers, developed by Philliber Research Associates and used by all Plain Talk demonstration sites. These templates were used by all previous sites with great success. New sites are encouraged to use them just as designed in order to save time and money. If a site should choose to change questions to reflect their community's needs and culture, here are a few tips:

- Confidentiality is of the utmost importance, so don't ever ask for names;
- Don't ask for income information; and
- Use common language that is easily understood by people in your community.

The language and cultural diversity of your community should be considered when developing survey questions. Because the entire Plain Talk community in San Diego was Spanish-speaking, the San Diego site translated all of the survey templates into Spanish.

**Who will conduct the surveys?**

Community residents who live in the target area will be your best resource. If you've already taken the steps described in "Recruiting Community Members," you should have an adequate number of volunteers to complete this task. At the New Orleans Plain Talk site, the implementing agency consisted of resident council members who recruited other residents in the housing development to conduct the survey with them. In Atlanta, the kick-off barbecue led sixty people to sign up to participate in Plain Talk. The implementing agency was then able to interview the sixty volunteers and choose twenty to conduct the surveys. All past Plain Talk sites agree that the few qualifications required of volunteers for the surveying process are:

- Volunteers must be part of the community;
- Volunteers should be of similar ethnic/racial background to community residents;
- Volunteers must be able to both read and write;
- Volunteers must be able to articulate well enough to be completely understood;
- Volunteers must show genuine enthusiasm for the Plain Talk message.

It is also important that the surveyors look and act professional. All should be dressed in identifying clothing (Plain Talk T-Shirt), and all should be wearing a name badge. During training, surveyors should be taught how to introduce themselves as representatives of Plain Talk.

It is strongly recommended that surveyors go out in pairs, preferably one man and one woman when possible. This will not only help surveyors feel safer and more secure, but it will lend comfort to those being surveyed (i.e. males surveying males and females surveying females).

**How much will surveyors be paid?**

All previous Plain Talk sites found it beneficial to supply stipends to the volunteers who conducted the surveys. After all, since it takes approximately sixty to ninety minutes to complete each survey, it is not feasible to expect individuals to volunteer so much of their time. Also, when the process is presented to residents as a job they will be paid for, the surveys tend to be more accurate and complete.

At the New Orleans site, approximately 20 individuals conducted the survey, and each was paid 20 dollars for every completed survey. The surveys had to be completely and accurately filled out before the individuals were paid. Similarly, San Diego ended up with 15 volunteers who completed about 50 surveys each. Each volunteer was given a stipend of 10 dollars per completed survey.

The size of your geographic area should be considered to determine how many surveys you will need to complete and how much your budget will allow per survey as a stipend. Both New Orleans' and Atlanta's target areas had a population of approximately 3,000, while San Diego was the largest Plain Talk site with around 13,000. Past Plain Talk sites have reported conducting between 100 to 600 adult surveys door-to-door in their targeted neighborhoods.

**Who will train surveyors?**

In the original demonstration project, all of the Plain Talk sites were trained by Philliber Research Associates. The exception was San Diego, where Spanish-speaking agency staff were used to train community residents. Sites reported that the training was thorough and taught volunteers how to ask the questions in an appropriate fashion; how to phrase the questions without changing the meaning; how to elicit truthful responses without embarrassment; and how to handle difficult encounters. Training sessions were held at the implementing agency's office, and training consisted of 30 hours—5 days per week/6 hours per day.

If a site opts to hire an outside organization for the survey mapping process, training of surveyors will more than likely be a responsibility they handle. If the implementing agency feels they have the wherewithal to train the surveyors themselves, several things must be considered:

- Volunteers have different educational backgrounds and different levels of understanding.
- It may take longer to train some than others.
- Is there staff time allotted for this purpose?
- Does staff have any past training experience?
- Does staff know the process well enough to answer all questions and be a constant support until the surveying is completed?

**What community members should participate in the survey?**
As stated earlier, it is important to include all segments of your community—women, men, and teens. Most Plain Talk sites have found it possible to reach both adult men and women in the community by conducting the survey door-to-door. However, a different plan had to be implemented to gain access to adolescents. In order for adolescents to participate in the survey in an honest and open fashion, it was not possible to survey them at home in the presence of their parents.

Several sites found a solution to this dilemma by asking every adult surveyed if they had a teen in their household. If the answer was yes, they left a coupon for each teen to come to a particular place in the community to complete the survey. The coupon offered 10 dollars to teens who came to the survey location. This offered sufficient incentive to garner a large number of responses. The surveys were then conducted at various locations such as the agency office, schools, or community centers. This proved to be quite successful, and is highly recommended for the recruitment of youth participation in your program.

During the physical mapping of your target area, service providers, physicians, and contraceptive suppliers were identified. At this time, it is equally important to conduct surveys with these individuals to identify where there may be service gaps and barriers to access to contraceptives for youth.

**What is the timeframe for completing the surveys?**
All past Plain Talk sites were able to complete the survey mapping process within a 2 to 3 week timeframe. Most conducted the surveys in two or three consecutive weekends. Surveyors may also have to consider returning to some households during the evening if the residents are unavailable on the weekends. Remember, it is important to set a timeframe and then stick to it. Most volunteers are more than willing to follow the guidelines set by the implementing agency.

**Survey Analysis and Results**

After the surveys are collected, an agency staff member should go through each to check it for accuracy and completeness. Any illegible or incomplete survey should be given back to the surveyor to complete before stipends are paid. The next step is to take all survey responses and enter the data into software that will compile, analyze, and report the statistical results. Unless the implementing agency has specific expertise in this area, contracting outside help for this task is a must. To be useful, the data gained from the survey must be accurate.

Most Plain Talk sites reported that they received initial reports from Philliber Research Associates showing the results of their surveys within one month of survey completion. Be careful to stay in close collaboration with the contracting organization that is analyzing the survey results for you. Make it clear up front that the program needs to receive the results in a quick and timely fashion in order to proceed to the next phase of program implementation.

After initial results are received, the implementing agency needs to ensure that the results are displayed in an easy-to-understand manner. After all, many community residents may not have a high level of education. Complicated graphs and statistics may deter them from participating in the process. You want to have pie charts or visual aids that are easily recognizable and understood by all members of your community. It is also important to note that the rest of the program will be built around the information learned here. So, be sure your data is:

- Accurate;
- Complete;
- Displayed clearly; and
- Expressed in a vocabulary easily understood by community residents.

Remember, the whole reason for conducting the surveys is to share back with the community their own attitudes and beliefs regarding adolescent sexuality, and to form the foundation for building consensus around the need for Plain Talk in their community. The community mapping data should be used to:

- Drive the strategic planning process with agency staff, community stakeholders, Plain Talk volunteers, and community residents;
- Broaden and deepen the sources of information available to participants beyond each participant's own personal experience and knowledge; and
- Help shape the message to be delivered to the community at large.

**Drive the Strategic Planning Process**

Your completed survey analysis leads next to writing a strategic plan to reach the entire target area with the Plain Talk message. Many Plain Talk sites recommend retreats that included agency staff, community stakeholders, and community residents. These could be full-day retreats at a community center or agency office, or they could be weekend retreats where everyone travels a few hours to a different setting to allow time for bonding and creativity away from the hustle and bustle of everyday life. Whichever method you use, it is vital to build consensus around a strategic plan that includes input from everyone involved. Without a plan, your focus will be divided. Without ownership, your participants won't be invested. This planning is vital to the success of your implementation.

**Broaden Information Sources for Participants**

All Plain Talk participants will be digesting a large amount of new information. They will be questioning their own attitudes and beliefs about teen sexuality and will need help in assimilating a vast amount of new knowledge. The implementing agency should be aware of this beforehand, and make articles, reports, books, websites, and other research and informational sources about teen sexual behavior available to them. Participants will have a varied degree of experience and education, so it is equally important to have information available for all levels of understanding. It is suggested that a small library or database be created and open to all staff and volunteers.

**Shape the Plain Talk Message**

The survey results will show exactly what your community believes and perceives about teen sexuality, in comparison to what statistics report. This will be key in shaping the Plain Talk message that will be delivered to your community. Survey findings should be the central focus of all discussions during meetings, retreats, and other planning sessions. As you begin to disseminate these results to the community, and begin to initiate Home Health Parties, the Plain Talk message you will be delivering will be built upon facts from the Community Mapping surveys. This is the core foundation for your Plain Talk message.

## Walkers & Talkers Component

## Walkers & Talkers Component

Walkers & Talkers are community residents who have been recruited and fully trained by the implementing agency to carry the Plain Talk message into your community. Their first responsibility is to go back into the neighborhoods surveyed during community mapping, and advise the residents of the survey results in order to:

- Build awareness of what the survey showed about the community's thoughts, attitudes, and beliefs regarding teen sexuality;
- Show the differences between the adults' answers to the survey questions and the teens' answers;
- Show the differences between what the community believed to be true in comparison to what recent statistics about the community said (e.g. rate of teen pregnancy);
- Let the community know that Plain Talk is a brand new way to gain information and understanding of adolescents' attitudes and behaviors about sex, and that, through education and communication, parents can help inform and protect their adolescents against unwanted pregnancies, STDs, and HIV/AIDS; and
- Recruit community residents to become involved in Plain Talk Home Health Parties.

## [ WALKERS & TALKERS ]

| | |
|---|---|
| DEVELOP SKILLS AND PERSONALITY ASSESSMENTS | • Determine specific skills needed<br>• Determine what qualities to look for<br>• Assess individuals' relationships in the community<br>• Assess leadership ability |
| INITIATE RECRUITMENT PROCESS | • Recruit from those already involved<br>• Recruit from community mapping process<br>• Develop ongoing recruitment plan |
| DEVELOP MONETARY INCENTIVES | • Decide on employment status<br>• Determine stipends to be paid<br>• Develop volunteer incentives |
| TRAIN WALKERS & TALKERS | • Develop training curriculum based on survey results<br>• Develop training for communication and leadership skills<br>• Contract for training with a health care organization or consultant<br>• Develop training schedules and timelines to be followed<br>• Develop guidelines and testing to ensure material is learned and understood |
| DEVELOP AREAS OF RESPONSIBILITY | • Disseminate survey results to community<br>• Recruit Home Health Party hosts<br>• Facilitate Home Health Parties<br>• Promote access to contraceptives and reproductive health care in the community |

In developing the presence of Walkers & Talkers at your Plain Talk site, you will need to consider five things:

- What qualities/skills should Walkers & Talkers possess?
- What are the best ways to recruit Walkers & Talkers?
- What monetary incentives will be used to recruit and maintain Walkers & Talkers?
- What training is required to become a Walker & Talker?
- What areas of responsibility will Walkers & Talkers have?

### Qualities and Skills

Another term used to describe Walkers & Talkers in past Plain Talk sites was "Peer Educators." Keep this term in mind when answering the question, "What type of person would make a good Walker & Talker?" There are certain characteristics that allow a person not only to grasp information and understand it quickly, but also to communicate that information to others in a clear, concise, nonthreatening manner. Although most Plain Talk sites have noted that Walkers & Talkers were made up of various personality types, there was agreement that specific qualities make good recruits for this position. Walkers & Talkers should be:

- Outgoing and friendly;
- Known and respected in the target community;
- Able to motivate others;
- Able to read and write;
- Able to articulate well in a manner that is easily understood; and
- Able to think fast and grasp new information quickly.

### Recruitment Process

The best place to begin recruiting Walkers & Talkers is from your Community Mapping list of volunteers. During the mapping process, you will see which volunteers "rise to the top" and meet the above criteria.

Demonstration sites varied on the number of Walkers & Talkers they deemed necessary to carry out their implementation plan—anywhere from 2 to 10. Much will depend on the size of your target area; the amount of interest your community shows in participation; and your budgetary restrictions. It has proven wise to start small (3 to 5) and add more as the opportunity presents itself.

Once your initial Walkers & Talkers are chosen, it is also important to develop an ongoing recruitment plan. Be aware of all new volunteers and participants to see who may prove to be good candidates for this position. Your growth in this area will more than likely be stimulated by the number of good candidates that naturally evolve from the volunteering process.

### Monetary Incentives

Past Plain Talk sites were divided on whether Walkers & Talkers should be paid employees of the implementing agency or just volunteers who received a stipend for their services. In New Orleans, Walkers & Talkers were plentiful—as many as 10 at one time. Because of the sheer numbers, it was impossible from a budgetary standpoint to make them all agency employees. Walkers & Talkers were paid a stipend of $150 every two weeks and worked approximately 20 to 25 hours per week. Needless to say, money was not the only motivating factor. There was, however, a second factor that encouraged residents to become Walkers & Talkers. Many of these individuals viewed this as an opportunity to work in the implementing agency and get to know staff and other community members, which could in turn lead to future employment. In fact, several Walkers & Talkers did receive paid employment as a result of volunteering in Plain Talk.

In the early stages of implementation, the San Diego site also decided to pay their Walkers & Talkers (*Promotoras*) a stipend. Their Home Health Party (*Vecino y Viceno*) consisted of four sessions, and the *Promotoras* were paid $200 for each four-session party. Due to liability issues raised by the implementing agency's board, it was decided that it would be best to have the Walkers & Talkers become paid employees of the agency. They eventually became full-time employees who were paid $7.00/hour. The only downside to this, especially in a community like San Diego, is the fact that not all of those who wanted to volunteer had a social security number. Therefore, many individuals were not able to participate.

When making the decision regarding monetary incentives for Walkers & Talkers, each site will have to determine what structure fits the agency's needs, policies, and procedures. To determine this, the following questions should be considered and answered:

- Are there insurance or liability issues that might be raised as a result of the Walkers & Talkers representing the agency in homes and in the community at large?

- Walkers & Talkers will work approximately 20 to 25 hours per week once the program begins. What would be a fair stipend/salary for their time?

- Are there any other incentives (such as future employment) that can be used to encourage participation as Walkers & Talkers?

- Are there any policies or budgetary restrictions placed on this position by the implementing agency (e.g. current salary level for similar positions)?

### Training Walkers & Talkers

The New Orleans and San Diego sites used different methods to conduct training for their Walkers & Talkers, but both sites agreed upon the content of the training. First, we'll take a look at the methods used by both sites, and then we'll examine the training content chosen.

#### Training Methods

The New Orleans site opted to contract outside the agency for the training. They brought in health professionals from various organizations such as Planned Parenthood to conduct the training at the agency. The initial training was 40 hours long—five consecutive days from 8:00 am to 4:00 pm.

The San Diego site had contracted some outside help in writing a training curriculum in Spanish. The process they used was to give this curriculum to the Walkers & Talkers (*Promotoras*) and have them self-learn the material in their own timeframe. When a *Promotora* felt comfortable with the material, agency staff would test her knowledge and help her improve communication skills. At first, the *Promotora* would shadow a staff person for several months until she felt secure enough to recruit residents and facilitate Home Health Parties on her own. Once *Promotoras* were fully trained, they would act as mentors, and be shadowed by new *Promotoras*.

Although the above methods were completely different, they were equally successful. In deciding which training method to adapt for your particular agency, consider the following:

- Does anyone on your staff have training experience or ability?
- Does staff have the time to conduct ongoing training sessions?
- Are there cultural or educational differences that might suggest group or self-learning techniques?

- What contacts does your agency have with reproductive healthcare professionals in your community?
- What contacts does your agency have with experienced consultants in the area of communication and leadership skills?

It is important to provide the Walkers & Talkers with appropriate training before they begin. Once they go into the community, it is much harder to catch and undo wrong information.

After your first Walkers & Talkers are trained, your agency needs to set up a specific ongoing training schedule for future recruitment. Most sites have found that it's enough to give training sessions every three months for new Walkers & Talkers.

**Training Content**

Upon reviewing the curriculum developed by past Plain Talk sites, we found training content fell into four major categories:

- Correct terminology and reproductive anatomy;
- Pregnancy prevention and contraceptive use;
- STD and HIV/AIDS transmission and prevention; and
- Presentation and communication skills.

**Correct Terminology and Reproductive Anatomy**

All demonstration sites found that many volunteers and residents were unfamiliar with the correct terminology for reproductive organs and sexual behavior. Because experience shows that slang is the main language used in describing both male and female reproductive anatomy, it is important to devote a portion of the training to correct terminology. Also, many individuals did not know how the reproductive system works. Because of this, pictures and plastic models should be used to show the entire reproductive system in order to educate the Walkers & Talkers on where organs are located and what functions they serve.

**Pregnancy Prevention and Contraceptive Use**

This portion of the training curriculum includes topics such as fertility, ovulation, and menstruation. It explains in detail how pregnancy occurs, and includes education on the various methods of birth control—what is available, percentage of risk with each method, and proper use. It is also useful to purchase a plastic model of the male sexual organ to show the correct procedure for applying and removing condoms.

**STD and HIV/AIDS Transmission and Prevention**

Many individuals do not fully understand how STDs and HIV/AIDS are contracted. Each sexually transmitted disease should be described and explained in detail—including the ways they are contracted. It is important that Walkers & Talkers have truthful information, because many myths continue to be passed along from one generation to the next. Recent statistics are used to give insight into the magnitude of the problem both in the target community and nationally. During this session, it is further explained that birth control does not guarantee STD prevention, and that the only form of birth control that can be effective in preventing STDs and HIV/AIDS is condom use.

**Presentation and Communication Skills**

It has been found that most community residents who become Walkers & Talkers are not familiar with the skills needed to present and communicate the material they've learned in a nonthreatening, coherent manner. Therefore, it is recommended that they be taught these skills by a professional, and then given the opportunity to role-play and develop their skills with staff members before launching out. If you do not have this expertise on your staff, there are many fine consultants who can be hired for this specific purpose. It is important that the Walkers & Talkers not only feel comfortable with the true knowledge they have received, but also feel comfortable in their ability to convey that knowledge to others.

### Areas of Responsibility

Walkers & Talkers occupy a unique position in the Plain Talk community. They will serve as the liaison between community members and residents and the implementing agency. There are four basic areas of responsibility that will be assigned to them. They will:

- Disseminate the survey results back to the community;
- Recruit Home Health Party hosts;
- Facilitate Home Health Parties; and
- Promote access to contraceptives and reproductive healthcare in the community.

#### Disseminate the Survey Results Back to the Community

Once the community mapping process is completed and Walkers & Talkers are identified and trained, the first area of responsibility should be reporting the survey results back to the community. Past Walkers & Talkers were successful in using two strategies to disseminate results—door-to-door outreach and community meetings.

In door-to-door outreach, Walkers & Talkers go to the homes of residents who were surveyed, and discuss the survey results with them. This practice helped to garner interest and support at early sites, as the residents were surprised at the differences found between what adults perceived to be true, what adolescents perceived to be true, and what current statistics revealed about their community. Depending on how many homes are initially surveyed, and how many Walkers & Talkers are trained, this process could take a month or more to complete.

Convening community meetings was equally successful in generating dialogue among community members about the survey findings. These community meetings were open to all residents, and survey results were explained and discussed. These discussions often raised further questions about the data, and spurred sites to conduct smaller community focus groups that served as a prototype for Home Health Parties in the community.

**Promote Access to Contraceptives and Reproductive Healthcare in the Community**

Speaking with past Plain Talk sites, we found Walkers & Talkers were instrumental in "getting the word out" on the availability of contraceptives and reproductive health care in the community. In New Orleans, they developed a "Take One" stand. These metal stands or racks were left in stores, businesses, schools, community centers, and other community agencies. The brochures on these racks had facts about adolescent sexuality taken from the Community Mapping process. The brochures also included the addresses of clinics or other places where free contraceptives and reproductive healthcare would be available. Depending on the location, some brochures even included a free condom.

Other Plain Talk sites were able to increase access to contraceptives and reproductive healthcare just by visiting existing clinics and healthcare providers and sharing the results from the Community Mapping surveys. After being made aware of the need, some clinics changed their times of operation to better fit a teen's schedule. Other sites were successful in opening a new clinic office in the target community.

This is a good opportunity for your agency staff and Walkers & Talkers to come together and develop a creative plan that will work for your community. You should be able to use information from the physical mapping process to determine what is currently available and accessible in your community.

It is important to note the fluidity of the responsibilities of Walkers & Talkers. Each activity performed should intertwine with the others. For example, through the process of disseminating the survey results, many Home Health Party hosts can be recruited. This enables Walkers & Talkers to recruit Home Health Party hosts and begin conducting Home Health Parties in one part of the neighborhood while they are still disseminating the survey results in another part of the neighborhood. One function does not have to be fully completed before the other one begins.

V

Home Health Parties Component

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61

## Home Health Parties Component

The concept of Home Health Parties works well in reaching community residents with the Plain Talk message because it gives the Walker & Talker a comfortable, nonthreatening environment in which to educate and communicate important information to community adults regarding adolescent sexuality. It also provides access to residents through already established relationships by going into residents' homes and meeting with their friends and neighbors. As stated previously in this guide, the goal of Home Health Parties is to help create "Askable Adults" in the community, which will in turn increase the accuracy and frequency of adult/teen communication about sexual issues. It is important to note here that several past Plain Talk sites also used various institutional venues, along with individual homes, to convene monthly education and information sessions. For example, San Diego used both school PTA meetings and community centers to conduct these sessions.

Walkers & Talkers have the primary responsibility for scheduling and facilitating Home Health Parties. Once the host is recruited, the Walkers & Talkers have total responsibility for scheduling and facilitating Home Health Parties. Responsibilities include:

- Arranging the date and time with party host;
- Preparing the materials before each party;
- Informing the party host of duties and responsibilities;
- Making several "reminder" telephone calls to host to ensure adequate preparedness;
- Arriving early to help host set up (e.g. chairs, tables, materials, etc.);
- Facilitating the Home Health Party; and
- Assisting with the collection of paperwork for administrative purposes (e.g. sign-in sheets, confidentiality forms, pre/post test questions, etc.).

However, before the parties even begin, four main areas need to be considered, and procedures set in place, by the implementing agency:

- Design of Home Health Party;
- Recruitment of Home Health Party hosts;
- Incentives/stipends for Home Health Parties; and
- Training of Home Health Party hosts.

### Designing a Home Health Party Structure

The basic content of the Home Health Party was similar in most Plain Talk sites, but the number of sessions required and the individuals used to facilitate the parties varied. In New Orleans and San Diego, the Walkers & Talkers facilitated all Home Health Parties. In Atlanta, the party host facilitated the party after attending a workshop at the implementing agency. Concerning the number of sessions each Home Health Party should have, New Orleans and Atlanta both opted for one session for each Home Health Party while San Diego required four consecutive weekly sessions per party.

When we looked at methods used by past sites, and interviewed past Walkers & Talkers and Home Health Party hosts, it became evident that one session could not adequately cover all of the material, but four sessions would require too large a time commitment for most community residents. Therefore, most agreed that a two-part Home Health Party (occurring on the same day and time in two consecutive weeks) is probably the best option.

Regarding facilitation of Home Health Parties, past experience shows that Walkers & Talkers, rather than party hosts, are in the best position to assume this role. They will either be employees of, or will work closely with, the implementing agency. They have been through intensive training. The implementing agency has not only tested

their knowledge, but has seen how they interact with community residents. Accurate information is more likely to be presented at the Home Health Parties when Walkers & Talkers do the facilitating.

**Curriculum for Home Health Parties**

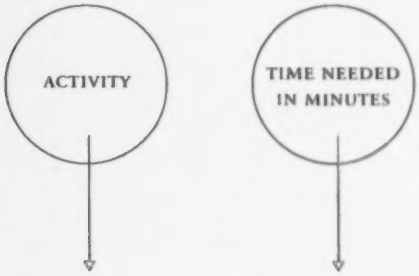
The curriculum used for the Home Health Parties should be developed from the training curriculum for Walkers & Talkers, and should also include the results of the survey mapping process. With a two-part Home Health Party model, the curriculum developed could be divided as follows:

**Week One**

Discuss the importance of using correct terminology when discussing sex and sexual behavior. Pass out a list of slang names with the correct term for each. Explain the importance of using the correct terms when discussing sexual issues with adolescents. Secondly, bring with you either a plastic model or picture of both the male and female reproductive system. Explain what each organ is and what function it plays in the reproductive systems. It is also be helpful to distribute a photocopy to party attendees to take home with them. Allow approximately 20 minutes for this session.

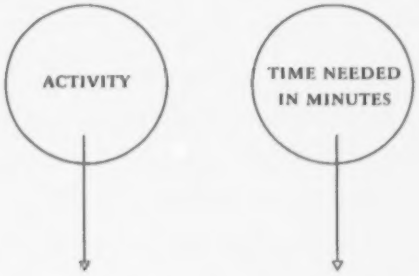
During the first week, the curriculum will also cover pregnancy prevention and contraceptive use. The Walker & Talker will explain how pregnancy occurs. This lesson can be used as an opportunity to dispel myths that people may still cling to and pass down to their children. It is also appropriate during this lesson to discuss various birth control methods; how each is used; and what percentage of risk goes along with each method. Past sites have found it effective to bring a plastic model and actually show party attendees the correct procedure for applying and removing condoms. Allow approximately 20 minutes for this session.

## [HOME HEALTH PARTY – PART ONE]




| | |
|---|---|
| Introductions | 5 |
| Sign-In Sheet<br>Confidentiality Sheet<br>Ground Rules | 10 |
| Icebreaker | 10 |
| Pre-Test Questions | 5 |
| Discussion of Survey Results and current research on importance of adult/teen communication about sex | 30 |
| Lesson 1: Correct Terminology Training | 20 |
| Lesson 2: Reproductive System and Pregnancy Prevention | 20 |
| Post-Test Questions | 10 |
| Question and Answer Session | 10 |
| Raffle | |
| ACTUAL PARTY TIME: | 2 HOURS |

## [HOME HEALTH PARTY – PART TWO]




| | |
|---|---|
| Introductions | 5 |
| Sign-In Sheet<br>Confidentiality Sheet<br>Ground Rules | 10 |
| Icebreaker | 10 |
| Pre-Test Questions | 5 |
| Lesson 3: Contraction of STDs and HIV/AIDS | 20 |
| Lesson 4:<br>Communication Skills | 50 |
| Post-Test Questions | 10 |
| Question and Answer Session | 10 |
| Raffle | |
| ACTUAL PARTY TIME: | 2 HOURS |

**Week Two**

The first part of this session deals with how STDs and HIV/AIDS are contracted. Each sexually transmitted disease should be discussed with factual information on how each is contracted. A fact sheet is a valuable tool to distribute during this session. Appropriate methods of prevention should also be discussed. Allow approximately 20 minutes for this.

Communication skills are a vital part of the Plain Talk process. During this session, attendees will be given the opportunity to develop their skills in order to promote increased adult/teen communication. This session will include role-playing, problem-solving, and the opportunity to grow more skillful without feeling threatened or embarrassed. Because the primary objective of Plain Talk is to improve adult/teen communication about sex, approximately 50 minutes should be allowed for this session.

Once the party curriculum has been developed, the design of the overall party can be decided. Below is a good sample to follow in designing a Home Health Party.

**Sample of Home Health Party Design**

- Walker & Talker should arrive a half-hour early to help host prepare for party.
- After guests have arrived, the Walker & Talker and party host introduce themselves and ask guests to introduce themselves.
- A sign-in sheet is passed out. This sheet will include name, address, and phone number, and can later be used as a recruitment tool.

- A confidentiality sheet is passed out and the importance of personal confidentiality is fully explained.

- Ground rules for the party are given. Guidelines for behavior may include:
    - Don't talk when others are talking.
    - Don't argue or criticize if you don't agree.
    - Raise your hand if you wish to speak.

- Icebreaker—Choose something quick and simple that can help to produce a more relaxed atmosphere. Most bookstores have several icebreakes books available.

- Pre-test question sheet—Pass out a questionnaire that asks approximately 5 to 10 questions pertaining to the lesson that will be taught later at the party. Ask guests to circle true or false. This same question sheet will be passed out again after the session.

- A flip chart showing survey results is discussed. It is useful to develop a flipchart of survey results for each Walker & Talker. Also included in this discussion is current research regarding the importance of adult/teen communication about sex (handouts are helpful here).

- The training session is taught. See Home Health Party curriculum section for suggestions.

- Post-test question sheet—Same as pre-test question sheet. This will help to demonstrate the knowledge learned in the training session.

- Question and Answer period—Give guests a chance to ask questions in response to the training session.

- Raffle—Many sites have found it helpful to distribute tickets and hold a raffle at the end of each party.

- Refreshments—Usually light refreshments are served such as coffee, soda, cookies, or cake.

The timeframe for each party is approximately two hours. It is important to be sensitive to the party host and begin and end on time. As you begin to conduct Home Health Parties in your community, you may need to make adjustments in the content and/or timeframe. Refer to the chart on page 66 estimating the time needed for each element of a Home Health Party. Actual experience will vary, but it should generally conform to these expectations.

**Recruitment of Home Health Party Hosts**

Ongoing recruitment of Plain Talk Home Health Party hosts was not a problem for any of the previous Plain Talk sites. The initial hosts were recruited from the survey analysis process. As the Walkers & Talkers went back into the community to share survey results, they used this as an opportunity to engage and recruit residents as party hosts.

Another area shown to be successful in recruiting Home Health Party hosts is community events. Many community centers, churches, and civic organizations hold events and invite community residents. Having a Plain Talk table or display set up by the Walker & Talker offers a great opportunity to speak with residents one-on-one, explain what Plain Talk is, and give them the opportunity to become involved as Home Health Party hosts.

The most effective method of recruitment has been at the actual Home Health Parties themselves. Nearly every party will yield one or more volunteers who want to host a future Home Health Party. Most sites found this to be their most productive means of recruitment.

### Incentives/Stipends

Several past Plain Talk sites gave the Home Health Party host a stipend of 20 dollars. This was used to buy refreshments for the party. For a two-part party as suggested above, this stipend amount may have to be increased. Sites also gave the party host a special gift pack consisting of items such as a Plain Talk T-shirt and Plain Talk coffee mug. These items are relatively inexpensive to order and serve two purposes: 1) they help recruit party hosts; and 2) they help promote the Plain Talk message in the community.

It has also been found helpful to have a small guest gift pack to give to all party guests. In New Orleans, they developed "safer sex kits" and distributed them to every guest. These kits contained items such as brochures explaining safe sex, condoms, breath mints, key chains, magnets, and other small items displaying the Plain Talk message.

A raffle was also used successfully by several Plain Talk sites to ensure that guests would stay for the entire Home Health Party. When guests arrive, they are given a raffle ticket. At the end of the party, a ticket is drawn and the winning number receives a special prize. The only requirement is that guests must be present at the drawing to receive the prize. Several previous sites worked with local businesses that donated items for the raffle. Raffle items ranged from clock radios and coolers, to gift certificates for a local grocery store. This is a great way not only to develop incentives for the Home Health Parties, but also to elicit involvement from the business community.

### Training of Home Health Party Hosts

Since it is recommended that Walkers & Talkers facilitate Home Health Parties, the training required to become a party host is minimal. Once a host has volunteered to have a party, the Walker & Talker should set up a one-hour meeting at the home of the potential party host. During this hour meeting, the Walker & Talker will:

- Set dates and times for the Home Health Party;
- Examine the meeting space in the home and suggest any changes that should be made before the party (i.e. rearrangement of furniture);
- Explain the stipend for refreshments and discuss suitable items to purchase;
- Clearly state the number of guests required to hold a party (i.e., 5 guests minimum and/or 15 guests maximum);
- Develop a guest list with the party host and role-play the method of invitation (i.e. practice the telephone conversation for inviting guests);
- Review the entire party structure with the party host including exact hours when the party should begin and end; and
- Review the Community Mapping data with the party host to ensure a knowledge of, and enthusiasm for, the Plain Talk message to be delivered at the Home Health Party.

At the conclusion of this meeting, the Walker & Talker should schedule several telephone calls with the host before the party date to ensure all tasks have been completed. Ongoing communication with party hosts is essential to conducting successful Home Health Parties.

# Performance Measures

## Performance Measures

The importance of developing performance measures and timelines early in your implementation process cannot be overstated. They will not only help keep you on track, but also they're required by most funders.

The concept of performance measurement is simple—you get what you measure. If an organization has no measuring stick to gauge its work and activity, how will it know if it is succeeding? Measurement focuses your attention on what needs to be accomplished—where to put your time, energy, and resources. Measurement provides valuable feedback on how well you are progressing in meeting your own stated goals and expectations. If your results differ from your desired outcomes, adjustments in performance can be made to set you on the right path.

Once the Plain Talk implementing agency and target community have been chosen, a plan needs to be developed to determine the desired outcomes and timeframe for the remaining Phase I and Phase II activities. Agency staff, along with early-recruited community members, should come together and decide what outcomes they want to achieve in the first year of implementation. Your performance of ten specific activities should be measured during the first implementing year:

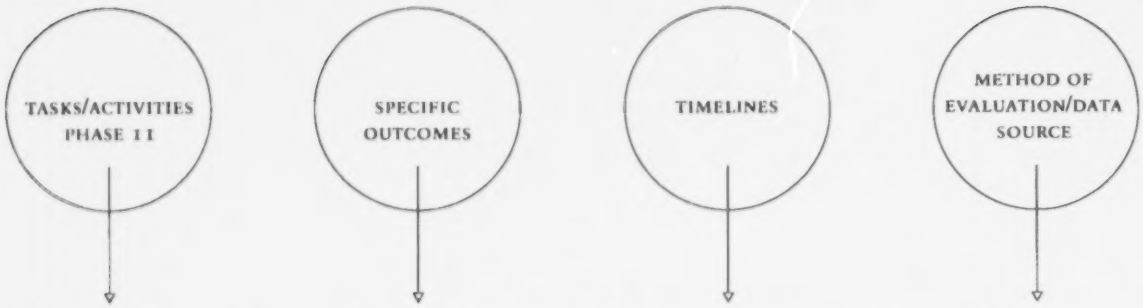
- Recruitment of volunteers
- Physical mapping of target area
- Survey mapping of target area
- Survey analysis & results
- Recruitment of Walkers & Talkers
- Dissemination of survey results
- Recruitment of Home Health Party hosts
- Initiation of Home Health Parties
- Home Health Parties pre/post testing
- Development of Askable Adults

On the following page are sample performance measures for the above activities to be used as a guide in helping you develop your own specific list of desirable outcomes for your community. Remember that each community is different. Some community groups and residents may take longer to cohere in order to lay a solid foundation for Plain Talk. On the other hand, in order to sustain resources, a community must demonstrate concrete achievements to show that their efforts are moving forward. With these factors in mind, your early planning group should determine realistic timelines for your community. Meetings should be scheduled at regular intervals to evaluate your progress to date, and, if necessary, to revise your timelines.

## [ SAMPLE PERFORMANCE MEASURES-PHASE I ]

| TASKS/ACTIVITIES PHASE I | SPECIFIC OUTCOMES | TIMELINES | METHOD OF EVALUATION/DATA SOURCE |
|---|---|---|---|
| Recruitment of Volunteers | • Recruit 50 volunteers for community mapping process. | By month 2 of first year of implementation | • Sign-in sheets from community events & recruitment activities |
| Physical Mapping of Target Area | • Have 10 volunteers trained for physical mapping process.<br>• Develop physical maps showing which streets and blocks to survey for survey mapping process.<br>• Develop a record sheet showing where reproductive healthcare providers exist in the community and where adolescents can obtain contraceptives. | By month 4 of first year of implementation | • Sign-in sheets<br>• Physical maps of streets<br>• Record sheets from physical mapping of reproductive health care providers and access to contraceptives |
| Survey Mapping of Target Area | • Have 20 volunteers trained for survey mapping process.<br>• Conduct 600 Adult Surveys.<br>• Conduct 400 Adolescent Surveys. | By month 5 of first year of implementation | • Sign-in sheets<br>• Adult Surveys<br>• Adolescent Surveys |
| Survey Analysis & Results | • Complete and accurate surveys are given to research organization.<br>• Produce easily understood charts, graphs, and visual aids from survey results. | By month 6 of first year of implementation | • Completed surveys<br>• Analysis of survey results received from research organization<br>• Charts, graphs, & visual aids |

## [SAMPLE PERFORMANCE MEASURES-PHASE II]




| | | | |
|---|---|---|---|
| Recruitment of Walkers & Talkers | • Recruit 5 Walkers & Talkers from Community Mapping process.<br>• Train 5 Walkers & Talkers. | By month 9 of the first implementing year | • Community Mapping sign-in sheets<br>• Survey mapping recruitment list & incentive checks<br>• Training schedule and attendance sheets |
| Dissemination of Survey Results | • Each Walker & Talker will discuss survey results with 300 community adults. | By month 10 of the first implementing year | • Record sheets completed by Walkers & Talkers |
| Recruit Home Health Party Hosts | • Each Walker & Talker will recruit 5 Home Health Party hosts. | By month 11 of the first implementing year | • Home Health Party host recruitment sheets |
| Initiate Home Health Parties | • Each Walker & Talker will have implemented 5 Home Health Parties. | By month 12 of the first implementing year | • Guest sign-in sheets at Home Health Parties |
| Home Health Parties Pre/Post Testing | • Administer 125 pre/post tests at Home Health Parties.<br>• Adult knowledge will increase by 50 percent on pre/post testing. | By month 12 of the first implementing year | • Pre/post test questions and answers from Home Health Parties |
| Development of Askable Adults | • Train 125 Askable Adults at Home Health Parties. | By month 12 of the first implementing year | • Guest sign-in sheets at Home Health Parties |

# Other Resources

## Other Resources

### Contact Information for Key Organizations

This section alphabetically lists several organizations whose information aided the Plain Talk demonstration sites in preparing programs and materials. The annotations do not attempt to list the full extent of information available from each organization; rather, they highlight resources that may be most useful to Plain Talk sites and other community-based teen pregnancy prevention programs. Each website listed includes links to other useful organizations.

#### Advocates for Youth

**www.advocatesforyouth.org**

Advocates for Youth is a nonprofit organization dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their reproductive and sexual health. Advocates provides information, training, and strategic assistance to youth-serving organizations, policymakers, youth activists, and the media in the United States and the developing world. Its website, which targets both adults and teens, contains information about teen pregnancy prevention, STD/HIV prevention, peer education, sex education, and culturally specific information. 1025 Vermont Avenue, NW, Suite 200, Washington, DC 20005; Phone: 202/347-5700; Fax: 202/347-2263.

#### Alan Guttmacher Institute (AGI)

**www.agi-usa.org**

AGI is a nonprofit organization focused on sexual and reproductive health research, policy analysis, and public education. AGI publishes *Family Planning Perspectives, International Family Planning Perspectives, The Guttmacher Report on Public Policy*, and special reports on sexual and reproductive health and rights. Its website offers the latest statistics on teenage sexual behavior and pregnancy, policy papers, Power Point presentations and other tools, and access to journal articles on teenage pregnancy. 120 Wall Street, 21st Floor, New York, NY 10005; Phone: 212/248-1111; Fax: 212/248-1951.

### American Academy of Pediatrics (AAP)

**www.aap.org**

The AAP and its member pediatricians dedicate their efforts and resources to the health, safety, and well-being of infants, children, adolescents, and young adults. The AAP has approximately 55,000 members in the United States, Canada, and Latin America. The website includes links to *Pediatrics*, *Pediatrics in Review*, and its membership newspaper *AAP News*. It also sells books and manuals on such topics as infectious diseases, parenting, and school health. 141 Northwest Point Boulevard; Elk Grove Village, IL 60007-1098; 847/434-4000; Fax: 847/434-8000.

### American Social Health Association

**www.ashastd.org**

The American Social Health Association is dedicated to stopping sexually transmitted diseases (STDs) and their harmful consequences among individuals, families, and communities. In addition to providing information on various types of STDs, the website also lists hotlines and links to helpful organizations. PO Box 13827, Research Triangle Park, NC 27709; Phone: 919/361-8400; Fax: 919/361-8425.

### Annie E. Casey Foundation, KIDS COUNT

**www.aecf.org/kidscount**

KIDS COUNT, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the U.S. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children. The website describes the Foundation's teen pregnancy prevention initiatives and contains reports such as *When Teens Have Sex: Issues and Trends*, and *Teen Childbearing in America's Largest Cities*. 701 St. Paul Street, Baltimore, MD 21202; Phone: 410/547-6600; Fax: 410/547-6624; E-mail: webmail@aecf.org.

### Association of Reproductive Health Professionals (ARHP), Resources for Adolescent Providers (RAP)

**www.arhp.org/rap**

ARHP is a nonprofit, national medical organization that is dedicated to educating physicians and other health care providers, their patients, and the public about important reproductive health issues including contraception, sexually transmitted diseases, HIV/AIDS, abortion, sexuality, and infertility. ARHP's Resources for Adolescent Providers (RAP) aims to educate and bring together clinical and nonclinical providers of adolescent reproductive health services nationally. The website provides links to adolescent health resources and assessment tools. 2401 Pennsylvania Avenue, NW, Suite 350, Washington, DC 20037-1718; Phone: 202/466-3825; Fax: 202/466-3826; E-mail: arhp@arhp.org.

### Center for Adolescent Health and the Law

**www.adolescenthealthlaw.org**

The Center for Adolescent Health and the Law works to create a legal and policy environment that promotes the health of adolescents and their access to health care. The site has information on inclusion of adolescents in Medicaid and the State Children's Health Insurance Program (CHIP); coverage of services for adolescents in public programs, insurance, and managed care; consent for health care; confidentiality of health information; and participation by adolescents in health research studies. 211 North Columbia Street, Chapel Hill, NC 27514. Phone: 919/968-8870; E-mail: info@adolescenthealthlaw.org.

### Center for AIDS Prevention Studies (CAPS)

**www.caps.ucsf.edu**

The CAPS was established in 1986, and its activities include conducting research on HIV prevention; facilitating collaboration among researchers, practitioners, and community-based organizations; and disseminating prevention information and tools. The website includes adolescent

surveys, evaluation instruments, fact sheets, and links to many other resources. AIDS Research Institute, University of California, San Francisco, 74 New Montgomery, Suite 600, San Francisco, CA 94105; Phone: 415/597-9100; Fax: 415/597-9213; E-mail: CAPSweb@psg.ucsf.edu.

### Center for Applied Research and Technical Assistance, Inc. (CARTA)

**www.cartainc.org**

CARTA addresses the emerging needs of all young people, particularly disadvantaged youth, youth of color, and vulnerable youth by working with practitioners and public systems to build their capacity for serving diverse teens and young adults with multiple needs. It develops methods, strategies, training modules, and publications for people in service delivery at various levels—front line and administration, grass roots or government, local or national. 1118 St. Paul Street, Suite 100, Baltimore, MD 21202. Phone: 410/625-6250; Fax: 410/625-1965.

### Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health (DASH)

**www.cdc.gov**

The CDC is recognized as the leading federal agency for protecting the health and safety of people at home and abroad, providing credible information to enhance health decisions, and promoting health through strong partnerships. CDC's Division of Adolescent and School Health (DASH) monitors youth risk behaviors and school health policies and programs; synthesizes risk behavior data and school health and adolescent health research into Guidelines for School Health Programs and Programs That Work; and collaborates with other organizations to improve adolescent research and programs in the U.S. and around the world. For adolescent health information, go to:

www.cdc.gov/nccdphp/dash/index. Also, for HIV prevention fact sheets, presentation tools, and other instruments and information, see www.cdc.gov/hiv/sitemap.htm. Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333.

### CDC National Prevention Information Network (NPIN)

**www.cdcnpin.org**

The CDC's NPIN is the national reference, referral, and distribution service for information on HIV/AIDS, sexually transmitted diseases (STDs), and tuberculosis (TB). NPIN produces, collects, catalogs, processes, stocks, and disseminates materials and information on HIV/AIDS, STDs, and TB to organizations and people working in those disease fields. To accomplish its mission, NPIN offers a number of Network specialized services including searchable databases, reference and referral services, resource centers, a free fax service, and a resource service for business and labor groups. CDC NPIN, PO Box 6003, Rockville, MD 20849-6003; Phone: 800/458-5231; Fax: 888/282-7681; E-mail: info@cdcnpin.org.

### Child Trends, Inc.

**www.childtrends.org**

Child Trends is a nonprofit research organization that focuses on research and data analyses on children, youth, and families. The website offers information on trends in teenage pregnancy and childbearing, including statistics, graphs, and tables of recent data, as well as access to current research projects and abstracts of recent papers discussing topics such as the effects of school dropout on risk for teenage pregnancy. 4301 Connecticut Avenue, NW, Suite 100, Washington, DC 20008; Phone: 202/362-5580; Fax: 202/362-5533.

### Girls Incorporated

**www.girlsinc.org**

This national youth organization is dedicated to helping every girl become strong, smart, and bold through advocacy, research, and education. See the website for more information on its programs addressing math and science education, pregnancy and drug abuse prevention, media literacy, economic literacy, adolescent health, violence prevention, and sports participation. 120 Wall Street, Third Floor, New York, NY 10005; Phone: 212/509-2000; Fax: 212/509-8708; National Resource Center, 441 West Michigan Street, Indianapolis, IN 46202-3233; Phone: 317/634-7546; Fax: 317/634-3024.

### Kaiser Family Foundation

**www.kff.org, www.kaisernetwork.org**

The mission of the Kaiser Family Foundation is to provide timely, reliable, and nonpartisan information on national health issues to policymakers, the media, and the general public. To advance that mission, the Foundation has established kaisernetwork.org, the premier online resource for timely and in-depth coverage of health policy news, debates, and discussions. 2400 Sand Hill Road, Menlo Park, CA 94025; Phone: 650/854-9400; Fax: 650/854-4800.

### National Association of People with AIDS (NAPWA)

**www.napwa.org**

NAPWA advocates on behalf of all individuals living with HIV and AIDS. See the website for more information on NAPWA's activities and resources related to community development and training, education, and public policy. 1413 K Street, NW 7th Floor, Washington, DC 20005; Phone: 202/898-0414; Fax:202/898-0435.

### National Campaign to Prevent Teen Pregnancy

**www.teenpregnancy.org**

This nonprofit organization seeks to reduce the national teen pregnancy rate by one-third between 1996 and 2005 by offering extensive resources to communities and individuals working with teens. Recent major initiatives involve popular media in efforts to reduce teen pregnancy. The website features facts and statistics, tips for parents and teens, reading lists, the Campaign's publications, and a section devoted specifically to teens. 1776 Massachusetts Ave, NW, Suite 200, Washington, DC 20036; Phone: 202/478-8500; Fax: 202/478-8588.

### National Council of La Raza (NCLR)

**www.nclr.org**

The NCLR is a nonprofit organization established to reduce poverty and discrimination and to improve life opportunities for Hispanic Americans. NCLR has two primary, complementary approaches: building the capacity of community-based organizations, and influencing programs and policies through research, policy analysis, and advocacy. The website provides links to the NCLR's Institute for Hispanic Health, which offers the Latino Youth Peer-to-Peer HIV/STD Prevention Program. 1111 19th, Street, NW, Suite 1000, Washington, DC 20036; Phone: 202-785-1670.

### National Education Association (NEA), Health Information Network

**www.nea.org/hin**

The Health Information Network (HIN), an affiliate of the NEA, works to improve health, safety, and student achievement by providing school employees with vital, effective, and timely health information through parents, communities, and public/ private partnerships. Current NEA HIN programs include: HIV/AIDS Education Program for School Employees; Can We Talk? (parent-child communication); Mental Wellness in Schools Program; and Teen Pregnancy Prevention Program. The website has more information on HIN's programs, publications, and resources. 1201 Sixteenth Street, NW, Suite 521, Washington, DC 20036; Phone: 202/822-7570; Fax: 202/822-7775.

### National Family Planning and Reproductive Health Association (NFPRHA)

**www.nfprha.org**

NFPRHA is a nonprofit membership organization established to assure access to voluntary, comprehensive, and culturally sensitive family planning and reproductive health care services and to support reproductive freedom for all. The website has fact sheets on teen pregnancy as well as information on NFPRHA programs, such as: Adolescents in High-Risk Communities; Child Welfare and Adolescent Pregnancy Prevention; and Sexual Activity, Contraceptive Use, Pregnancy and Parenting Among Youths in Foster Care. 1627 K Street, NW, 12th Floor, Washington, DC 20006;. Phone: 202/293-3114; E-mail: info@nfprha.org.

### National Organization of Adolescent Pregnancy, Parenting, and Prevention, Inc.

**www.noappp.org**

NOAPPP provides leadership, education, training, information and advocacy resources and support to practitioners in adolescent pregnancy, parenting, and prevention. The website contains information on national events, including NOAPPP's annual conference; publications; NOAPPP's Electronic Clearinghouse; and links to other related organizations. 2401 Pennsylvania Avenue, NW, Suite 350, Washington, DC 20037; Phone: 202/293-8370; Fax: 202/293-8805.

### National Youth Advocacy Coalition

**www.nyacyouth.org**

NYAC is a national coalition that advocates for and with young people who are gay, lesbian, bisexual, or transgendered (GLBT) in an effort to end discrimination against them and to ensure their physical and emotional well-being. The website contains links to various programs, such as the HIV/STD Prevention Project; Comprehensive Health and Sexuality Education; and the National Resource Clearinghouse, the

most comprehensive collection of information and materials on issues affecting GLBT youth. 1638 R Street, NW, Suite 300, Washington, DC 20009; Phone: 202/319-7596; Fax: 202/319-7365.

### Planned Parenthood Federation of America (PPFA)

**www.plannedparenthood.org**

PPFA is the world's largest and most trusted voluntary reproductive health care organization. It believes in the fundamental right of individuals to manage their own fertility regardless of income, marital status, race, age, sexual orientation, and national origin. In addition to the website's page devoted to teen issues, the PPFA also has a special website for teens, www.teenwire.com, which provides an extensive amount of information and resources related to sexuality, relationships, and sexual and reproductive health (useful to both male and female teens). 810 Seventh Avenue, New York, NY 10019; Phone: 212/541-7800 or 800/230-PLAN refers to your local Planned Parenthood; Fax: 212/245-1845; 1780 Massachusetts Avenue, NW, Washington, DC 20036; Phone: 202/973-4800; Fax: 202/296-3242.

### Sexuality Information and Education Council of the U.S. (SIECUS)

**www.siecus.org**

SIECUS, a national, private, nonprofit advocacy organization, aims to affirm that sexuality is a natural and healthy part of living; to develop, collect, and disseminate information; to promote comprehensive education about sexuality; and to advocate the right of individuals to make responsible sexual choices. From this site users can get information on a biweekly fax resource for health educators called SHOP Talk (School Health Opportunities and Progress) Bulletin, a listing of SIECUS publications, fact sheets, and information for parents, including an extensive list of referrals for other types of health information. 130 West 42nd Street, Suite 350, New York, NY 10036-7802; Phone: 212/819-9770; Fax: 212/819-9776.

### Society for Adolescent Medicine (SAM)

**www.adolescenthealth.org**

SAM is a multidisciplinary organization of professionals committed to improving the physical and psychosocial health and well-being of all adolescents. Its primary goals are to conduct and disseminate research on adolescents; raise awareness of adolescent health needs; improve adolescent access to quality services; and train providers on adolescent health care delivery. Its website includes position papers on issues affecting adolescents, tips for teens and parents, and information about the *Journal of Adolescent Health*, the SAM newsletter, and its annual meeting. 1916 NW Copper Oaks Circle, Blue Springs, MO 64015; Phone: 816/224-8010.

### University of California—San Francisco (UCSF), Center for Reproductive Health Research and Policy

**reprohealth.ucsf.edu**

Through collaborative relationships with the University of California, Berkeley, and other UCSF Centers including the UCSF National Center of Excellence in Women's Health, the AIDS Research Institute, and the Institute for Health Policy Studies, the Center for Reproductive Health Research and Policy fosters multidisciplinary efforts to address critical clinical, research, training, and policy concerns related to reproductive health. The website provides information on the 13 current research projects focusing on adolescent reproductive health. 3333 California Street, Suite 335, Box 0744, San Francisco, CA 94143-0744 (for UPS or Fed Ex, use 94118); Phone: 415/502-4086; Fax: 415/502-8479; E-mail: repro@itsa.ucsf.edu

**Sample Self-Assessment Form for Implementing Agency**

1. Is your agency/organization located within the target area/community where Plain Talk will be implemented?
    - If yes, please explain exact location.
    - If no, please explain exact distance and proximity to target area.

2. Does your agency/organization have past and/or present experience working within the target area community?
    - How long has your agency existed?
    - Describe your agency's past experiences with program implementation in the target area/community.
    - Describe specific programs or initiatives your agency is presently working on in the community.
    - Give specific illustrations of how your agency has worked directly with community residents in the past.

3. Does your agency have experience in working with parents and youth?
    - Are you currently involved in any programming directed toward parents and youth?
    - Have you been involved in similar types of programs in the past?

4. Does your agency have experience in health education and/or delivery of health services?
    - What is the vision and mission of your agency?
    - Explain any past experience the agency has had regarding reproductive health care.

5. What is the agency's history for recruiting and retaining staff?
    - What method will your agency use to recruit competent staff for the Plain Talk program?
    - Does your agency experience much staffing turnover?
    - What incentives/practices are in place to help retain staff over time?

6. What experience does the agency have in implementing new programs?
    - Give examples of what new programs were recently implemented by your agency.
    - Give specific examples of what methods were used to implement these new programs.

7. Has your agency shown financial stability over time?
    - Give examples of how current and past programs have been financially sustained.
    - Provide a copy of your agency's budget.

8. Does your agency have relationships with key stakeholders in the community (i.e., political figures, health care providers, etc.)?
    - Explain these relationships and give specific examples of how they've been helpful to your agency in the past.
    - Explain how these relationships may be helpful in implementing Plain Talk in your community.

**Technical Assistance and Contact Information**

The Annie E. Casey Foundation
701 St. Paul Street
Baltimore, Maryland 21201
Tel: 410-547-6600
Fax: 410-547-6624
www.aecf.org

# Appendix

## [ PLAIN TALK ADULT SURVEY ]

**We are surveying residents of this community this week in preparation for a new program that will be created by _____. We want to ask about your opinions and experiences with regard to teenagers, sex, and pregnancy. The survey will only take a few minutes but your personal opinions are important to us. Let me start by asking you what you think about this...**

1. By the time teenagers graduate from high school in this community, about what percent do you think have had sexual intercourse?

   _____ %

2. About what percent of girls in this community would you say become pregnant before age 20?

   _____ %

3. What would you say most girls do who get pregnant? (check one)

   _____ Have an abortion
   _____ Put child up for adoption
   _____ Raise the child themselves, or
   _____ Marry and raise child with a husband

4. Do you feel that teenagers who are having intercourse **should** be able to get birth control without anyone's permission? (check one)

   _____ Yes
   _____ No
   _____ Don't know

5. Can they do that in this community now?

   _____ Yes
   _____ No
   _____ Don't know

6. Do you know of any place in your community where teens can go for contraceptives?

   _____ Yes (where?)_____
   _____ No
   _____ Don't know

**7. We want to ask you to tell us a little about how comfortable you feel talking about various subjects with young people. For each topic just tell me if you would be very comfortable, somewhat comfortable, somewhat uncomfortable or very uncomfortable.**

| what about: | very comfortable | somewhat comfortable | somewhat uncomfortable | very uncomfortable |
|---|---|---|---|---|
| talking with teens about sex | | | | |
| talking with teens about birth control | | | | |
| talking with teens about sexually transmitted diseases | | | | |
| talking with teens about AIDS | | | | |
| talking with teens about pregnancy | | | | |
| talking with teens about menstruation | | | | |
| talking with teens about homosexuality | | | | |

**8. When my children come to me with questions about sex, my immediate feelings might be (check all that apply):**

_____ relief
_____ anxiety (panic)
_____ disappointment
_____ frustration
_____ happiness
_____ fear
_____ worry
_____ anger
_____ other (what?)

**9. When my children come to me with questions about sex, my immediate action might be: (check all that apply):**

_____ seek information
_____ joke about it
_____ to send them to someone else
_____ to ignore them
_____ to punish them
_____ to be supportive
_____ stop what I am doing and engage in discussion
_____ step back and think through my response
_____ other (what?)

10. For parents of teens: We want to ask you about how some important decisions might be made in your household. What about decisions about your teenager and...

Dating...Which of the following would be most likely?

_____ My child makes his/her own decisions.
_____ We discuss it but my child has the final say.
_____ We make decisions together.
_____ We discuss it but I have the final say.
_____ I make the decision.

Birth control issues...What about decisions about whether your teen uses birth control?

_____ My child makes his/her own decisions.
_____ We discuss it but my child has the final say.
_____ We make decisions together.
_____ We discuss it but I have the final say.
_____ I make the decision.

What about whether to have a baby?

_____ My child makes his/her own decisions.
_____ We discuss it but my child has the final say.
_____ We make decisions together.
_____ We discuss it but I have the final say.
_____ I make the decision.

11. What about talking about sex and pregnancy with your own teens: Have you ever had an opportunity to do that?

_____ Yes
_____ No

12. To your knowledge, have your own teens ever had intercourse?

_____ Yes, all have
_____ Yes, some have
_____ No, none have
_____ I don't know.

13. Suppose your teen son were to come to you and say that he needed protection or birth control because he is having sex? What would you say or do? _____

_____

_____

14. Now imagine that your teen daughter asks for help getting protection or birth control? What would you say or do? _____

_____

_____

## [ PLAIN TALK ADULT SURVEY CONTINUED ]

**[ Now we have some questions about you: ]**

15. Gender:
- _____ Male
- _____ Female

16. Birth Date: _____ /_____/_____
month day year

17. Ethnicity:
- _____ African American
- _____ White
- _____ Hispanic
- _____ Native American
- _____ Asian
- _____ Other (what) _____

18. Employment
- _____ Professional
- _____ Technical
- _____ Manager/administ.
- _____ Sales
- _____ Service
- _____ Clerical
- _____ Transport
- _____ Laborer
- _____ Farm
- _____ Private household
- _____ Unemployed

19. Housing:
- _____ Own home/condo
- _____ Rent house
- _____ Rent apartment
- _____ Shelter
- _____ Homeless
- _____ Other

20. Living Arrangements:
- _____ With immediate family
- _____ With extended family
- _____ With friends
- _____ In shelter
- _____ On street

A group of community residents here in _____ is meeting to plan strategies for protecting our sexually active youth from pregnancy and disease. We are talking about what adults can do to help protect teens. Do you think you might be interested in being part of such a group?

_____ No

_____ Yes

(If Yes, get name and telephone number)

_____

_____

## [ PLAIN TALK ADOLESCENT SURVEY ]

We're surveying teens in this neighborhood this week for a new program that will be started by _____ _____. We don't need your name, and this information will be absolutely confidential! It will take only a few minutes.

**1. We want you to imagine that a friend tells you that he or she has a drug or alcohol problem. Your friend wants to know where to get help with the problem. Can you suggest a place to go?**

_____ **No (go to Question 2, page 100)**
_____ **Yes (please answer A through G)**

A. What is the name of the place where you would send your friend? (write name on line)

_____

B. Do you know where this place is?
_____ No
_____ Yes, I know **about** where it is.
_____ Yes, I know **exactly** where it is.
(where?) _____

C. Is there a way for a young person to get to this place alone or would they have to have someone drive them?
_____ They would need someone to drive.
_____ You can get there by bus.
_____ You can get there some other way.
(how?) _____
_____ I don't know.

D. Do you know how much it would cost to get services there?
_____ No
_____ Yes (about how much?) _____

E. Do you know anybody who has ever been to this place?
_____ No
_____ Yes

F. Do young people have to have permission from parents or guardians to get services at this place?
_____ I don't know.
_____ Yes, they do.
_____ No, they don't.

G. Do you think that the people at this place tell parents or guardians when a young person goes there?
_____ I don't know.
_____ They probably do.
_____ They probably don't.

**2. Here's a different problem. What if your friend were having sex and wanted some kind of birth control or contraceptive. Can you suggest a place to go?**

A. What is the name of the place where you would send your friend? (Write name on line)

_____

B. Do you know where this place is?

_____ No
_____ Yes, I know **about** where it is.
_____ Yes, I know **exactly** where it is.
(where?) _____

C. Is there a way for a young person to get to this place alone or would they have to have someone drive them?

_____ They would need someone to drive.
_____ You can get there by bus.
_____ You can get there some other way.
(how?) _____
_____ I don't know.

D. Do you know how much it would cost to get services there?

_____ No
_____ Yes (about how much?) _____

E. Do you know anybody who has ever been to this place?

_____ No
_____ Yes

F. Do young people have to have permission from parents or guardians to get services at this place?

_____ I don't know.
_____ Yes, they do.
_____ No, they don't.

G. Do you think that the people at this place tell parents or guardians when a young person goes there?

_____ I don't know.
_____ They probably do.
_____ They probably don't.

**3. If your friend wanted to talk to someone about sexuality issues could you suggest an adult that he or she could talk to who would understand, help, and keep your friend's business private?**

| | Circle One | |
|---|---|---|
| Do you know a teacher at school to talk to? | Yes | No |
| Do you know someone else at school to talk to?<br>What does that person do at school? _____ | Yes | No |
| Do you know an adult friend of your family that your friend could talk to? | Yes | No |
| Could your friend talk to your own parents or guardian about problems? | Yes | No |
| Is there some other relative of yours that you could send your friend to? | Yes | No |
| Do you know a pastor at a church that your friend could talk to about these problems? | Yes | No |
| Do you know anyone else at a church your friend could talk to? | Yes | No |
| Is there any other adult you know that your friend could talk to about his or her problems?<br>Who is that person? _____ | Yes | No |

**4. Do you know anyone aged 10 to 19 who has ever tried to get birth control or a contraceptive?**

_____ **No (go to question 5)**
_____ **Yes (please answer A, B, C, and D)**

A. Where did they go?
_____ I don't know, or
(please write name of place on line)
_____

B. Did they tell you about what happened to them there?
_____ Yes
_____ No

C. Overall did they say it was:
_____ A pretty good place to go
_____ An okay place to go
_____ A pretty bad place to go
_____ An awful place to go

D. If they said it was bad or awful, do you know why?
_____
_____
_____
_____

## [PLAIN TALK ADOLESCENT SURVEY CONTINUED]

| Now we want your opinion on some issues. Just answer true or false for each. | True | False | Don't Know |
|---|---|---|---|
| 5. When I ask questions about sex, my parents give me honest answers. | | | |
| 6. It is all right for two people to have sex before marriage if they are in love. | | | |
| 7. People should never take "no" for an answer when they want to have sex. | | | |
| 8. Sexual relationships make life too difficult when you are young. | | | |
| 9. Two people having sex should use some form of birth control if they aren't ready for a child. | | | |
| 10. No one should pressure another person into sexual activity. | | | |
| 11. If a girl has sex only once in a while, she really doesn't need birth control. | | | |
| 12. I can talk to my parents about sexual matters. | | | |
| 13. Birth control is not very important. | | | |
| 14. Sexual abstinence (not having sexual intercourse) is the best choice for adolescents. | | | |
| 15. I am confused about what I should and should not do sexually. | | | |
| 16. A sexual relationship, at this time in my life, could interfere with my future goals and plans. | | | |

17. Have you **ever** talked to either one of your parents about sex? (check one)
    _____ No
    _____ Yes - which one? _____

18. Have you **ever** talked to either of your parents about using contraception?
    _____ No
    _____ Yes - which one? _____

19. How do your parents feel, or how do you think they would feel, about your having intercourse?
    _____ They would support me.
    _____ They would accept this, but say little.
    _____ They would disapprove of my doing this.

20. How do your parents feel, or how do you think they would feel, about your using contraception?
    _____ They would support me.
    _____ They would accept this, but say little.
    _____ They would disapprove of my doing this.

21. Have you ever had sexual intercourse?
    _____ No
    _____ Yes
    If yes, how old were you the first time?
    _____ Years old

22. Do either of your parents know that you had intercourse?
    _____ No
    _____ Yes

23. How often do you use some form of protection when you have had intercourse? Is it?...
    _____ Every time
    _____ Most of the time
    _____ Sometimes
    _____ Hardly ever
    _____ Never

24. What do you use? Is it?...(check all that apply)
    _____ Condoms
    _____ Pills
    _____ Foam
    _____ Condom/foam
    _____ Sponge
    _____ IUD
    _____ Diaphragm
    _____ Other - what? _____

## [PLAIN TALK ADOLESCENT SURVEY CONTINUED]

Before you finish, tell us a little bit about yourself.

25. Are you a
_____ Male
_____ Female

26. What is your race or ethnicity?
_____ African American
_____ Hispanic
_____ White
_____ Something else (what?)

27. How old are you?
_____ Years old

28. What is the zip code where you live?
___ ___ ___ ___ ___

29. If you know, tell us how you or your parents pay for your medical care. Is it...
_____ With Medicaid or SSI
_____ With private insurance
_____ Out of their own pocket
_____ Some other way?
_____ I don't know.

30. How far did your mother get to go in school? Was it...
_____ Less than high school
_____ She finished high school.
_____ She went to some college.
_____ She finished college or more.

31. Where do you usually go for medical care?
_____ A private doctor
_____ A hospital emergency room
(which one?) _____
_____ A hospital clinic
(which one?) _____
_____ Some other clinic
(which one?) _____
_____ Someplace else
(where?) _____

A group of community residents here in _____ is meeting to plan strategies for protecting our sexually active youth from pregnancy and disease. We are talking about what adults can do to help protect teens. Do you think you might be interested in being part of such a group?

_____ No
_____ Yes: (If Yes, get name and telephone number) _____
(_____) _____

## [ PLAIN TALK SERVICE SITE SURVEY ]

**[ Who is being served now? ]**

1. During the past year how many young people ages 10 to 19 were served at your site?

_____ Total Served

A. How many of these were?

_____ Aged 10 to 14
_____ Aged 15 to 17
_____ Aged 18 to 19

B. How many of these were?

_____ African American
_____ Hispanic
_____ White
_____ Native American
_____ Asian
_____ Other group

C. How many of these were?

_____ Male
_____ Female

D. How many of these paid for your services with:

_____ Medicaid, SSI, public funds
_____ Private insurance
_____ Self-pay
_____ Other

**Provider Please Note: Adding up your totals under A, B, C, and D should equal the total that you wrote at the top of this page.**

2. Do you have any special adolescent services or initiatives?
   _____ No
   _____ Yes

   If yes, what?
   _____ Special clinic time for adolescents
   _____ Special clinic site for adolescents
   _____ Special outreach program for adolescents
   _____ Educational materials for adolescents
   _____ Other (what?)_____

3. Regardless of whether you have special services, if adolescents wish to get contraceptives at your site, please check which days of the week that would be possible and write in the times in each of those days when they could get contraceptives.

| | | | |
|---|---|---|---|
| _____ | Monday | _____ to _____ | Hours |
| _____ | Tuesday | _____ to _____ | Hours |
| _____ | Wednesday | _____ to _____ | Hours |
| _____ | Thursday | _____ to _____ | Hours |
| _____ | Friday | _____ to _____ | Hours |
| _____ | Saturday | _____ to _____ | Hours |
| _____ | Sunday | _____ to _____ | Hours |

4. Do you see adolescents on a walk-in basis?
   _____ No
   _____ Yes

5. If an adolescent calls for an appointment, what is the average, current wait to be seen?
   _____ Days wait

6. Are there any fees for services for adolescents?
   _____ No
   _____ Yes, on sliding scale
   _____ Yes, regular fee for visit:
   How much?_____
   _____ Yes, other
   What?_____

   If yes, do you have any way to provide services to an adolescent who cannot pay for them?
   _____ No
   _____ Yes, what do you do?
   _____
   _____

7. When a young person first calls for an appointment:
   Do you ask them how they will pay for services? _____ No _____ Yes
   Do you tell them what the fees will be? _____ No _____ Yes
   Do you ask them any questions about whether a parent knows about the visit or ask for parental consent? _____ No _____ Yes

8. What percentage of the adolescents that you schedule for a visit do not, in fact, show up when scheduled? _____ % no show

   Do you have any follow-up procedure when this happens? _____ No _____ Yes

   If yes, what do you do? (check all that apply)

   _____ Send letter
   _____ Call
   _____ Other (explain)

9. When an adolescent comes for a scheduled appointment, how many minutes on average do they have to wait to be seen? _____ Minutes wait

   Does each young person get a separate appointment time or do you block-book appointments (e.g., everybody being seen between 12 and 2 is told to come at 12)? _____ Individual appointments _____ Block-booked

10. Do you require parental consent or notification for any young people you see between the ages of 10 and 19? _____ No _____ Yes

    Do you provide any clinic services for adolescents in other sites, such as at school? _____ No _____ Yes

    If yes, what kinds of sites? (check all that apply)

    _____ School
    _____ Housing project or area
    _____ Clinic in recreation area
    _____ Other (where?) _____

11. If a young person does not have a car and does not live nearby, how easy would it be to get to your site for services?

    _____ Very easy
    _____ Pretty easy
    _____ Not too easy
    _____ Not easy at all

12. On a first visit, how many different people does a teen see? _____ People

13. Are any of the following available to teens on a first visit?

    Basic education _____ No _____ Yes
    Individual counseling _____ No _____ Yes
    Group counseling _____ No _____ Yes
    Pamphlets or other written educational material _____ No _____ Yes
    Videotapes _____ No _____ Yes
    Female practitioner, if requested _____ No _____ Yes
    Nonprescription contraceptive without pelvic exam _____ No _____ Yes

14. On a first visit, how long is the average teen in the clinic? _____ Minutes

    On a follow-up visit, how long is the average teen in the clinic? _____ Minutes

15. How many of your staff members who deal directly with teens are:
- _____ Hispanic
- _____ Spanish-speaking
- _____ African American
- _____ Asian
- _____ White
- _____ Male

16. Do you have any special initiatives for male adolescents at your site or any initiatives for males which are run out of your site? (check all that apply)
- _____ No _____ Yes

If yes, what?
- _____ Clinic for males
- _____ Special outreach to males
- _____ Special materials for males
- _____ Groups for males
- _____ Other (what?)_____

17. Do you provide abortions for adolescents?
_____ No _____ Yes

If Yes,

Do you require parental notification?
_____ No _____ Yes

Do you require parental consent?
_____ No _____ Yes

Do you provide abortion referrals for adolescents?
_____ No _____ Yes

18. When adolescents make follow-up visits, is there any procedure in place to have them see the same counselor they saw before?
- _____ Yes, we always try to make it the same.
- _____ Yes, but we can only do it sometimes.
- _____ No, it's by chance.

19. When adolescents make follow-up visits, is there any procedure in place to have them see the same medical practitioner they saw before?
- _____ Yes, we always try to make it the same.
- _____ Yes, but we can only do it sometimes.
- _____ No, it's by chance.

20. After receiving contraception and getting a return appointment, if a teen does not return, do you have any procedure in place to follow up?
_____ No _____ Yes

If Yes, what?
- _____ Call
- _____ Send a letter
- _____ Other (what?)_____

21. Do you know what percentage of your teen patients return for a second visit to your clinic?
- _____ No
- _____ I can guess and it's about _____ %
- _____ Yes, I know exactly and it's _____ %

22. When you prescribe oral contraceptives for a teen for the first time, how many months of pills is a new patient given?
_____ Months of pills

23. At the first follow-up visit for an oral contraceptive user who is not having problems, how many months of pills is she given?

_____ Months of pills

24. Do you supply oral contraceptives directly or do you write prescriptions?

_____ Supply directly
_____ Write prescriptions

25. Do you have teens working in your clinics?

_____ No _____ Yes

26. Do you have an adolescent advisory council or some other way for teens to provide input into:

...planning services _____ No _____ Yes
...planning programs _____ No _____ Yes
...planning materials to be used _____ No _____ Yes

**[ How is your site staffed? ]**

27. How many of each of the following staff (full time or part time) do you have available to see adolescents aged 10 to 19 (these persons may also see other patients of other ages, of course).

| | |
|---|---|
| Physicians | _____ full time _____ part time |
| Nurses | _____ full time _____ part time |
| Counselors | _____ full time _____ part time |
| Social Workers | _____ full time _____ part time |
| Other | _____ full time _____ part time |

28. Now, please write in how many **more** of each you really need to keep up with the present demand for services for young people.

_____ Physicians
_____ Nurses
_____ Counselors
_____ Social workers
_____ Other (kind of worker?)
_____

29. Do you provide special training to your staff who work with adolescents?

_____ No _____ Yes

30. In general, how well would you say you are meeting the demand for services from adolescents at your particular site?

_____ Meeting the demand very well
_____ Meeting the demand fairly well
_____ Not keeping up with the demand too well
_____ Not keeping up with the demand at all

**[ What services do you provide? ]**

31. For about how many adolescent males and females did you provide each of the following services? For any of these where your answer is "zero", please indicate whether you have a place where you can routinely refer young people for that service and whether you made any such referrals last year.

| | # teen males | # teen females | Can refer? | Did refer? |
|---|---|---|---|---|
| GYN exams | | _____ | No Yes | No Yes |
| Acute care for medical problem | _____ | _____ | No Yes | No Yes |
| Contraception | _____ | _____ | No Yes | No Yes |
| General physical exams | _____ | _____ | No Yes | No Yes |
| Screening for STDs | _____ | _____ | No Yes | No Yes |
| Treatment for an STD | _____ | _____ | No Yes | No Yes |
| PAP tests | | _____ | No Yes | No Yes |
| HIV testing | _____ | _____ | No Yes | No Yes |
| HIV counseling | _____ | _____ | No Yes | No Yes |
| Prenatal care | | _____ | No Yes | No Yes |
| Pregnancy testing | | _____ | No Yes | No Yes |

**[ What barriers do you face in serving young people? ]**

32. There may be a variety of problems that keep you from serving young people in the way you would like. Please tell us if you believe each of the potential barriers listed below is a major barrier, or not a barrier to serving adolescents the way you would like.

| Barrier | Major Problem | Minor Problem | Not a Barrier | What, if anything, done to overcome barrier? |
|---|---|---|---|---|
| Federal Regulation | | | | |
| State Policies, Rules, Laws | | | | |
| County or City Regulations, Restrictions, or Policies | | | | |
| Internal Policies of Your Agency | | | | |
| Community Opinions or Standards | | | | |
| Funding Sources | | | | |
| Other | | | | |

33. If a young person from a poor family wanted contraceptive services in your community, where would you say, overall, is the best place to get those services? (check one)

_____ Planned Parenthood
_____ The school
_____ Health Department
_____ Other (where?) _____

_____

34. How easy would you say it is for a young person from a poor family to get contraceptive services in your community?

_____ Very easy
_____ Pretty easy
_____ Not too easy
_____ Not easy at all

**[ How do adolescents find out about your services? ]**

35. How do you advertise?

_____ Yellow Pages
_____ Ads in public transportation
_____ Radio spots
_____ Newspaper
_____ Flyers
_____ Specific outreach to schools
_____ Word of mouth
_____ Other
(what?) _____

_____

**[ You have been very patient to supply all of this, and we thank you. One more thing: ]**

36. Please tell us the name of your site: _____

Your address: _____

The name and title of the person who completed this form:

_____

Name Title

That person's telephone number: (_____) _____

THANK YOU, THANK YOU, THANK YOU.

## [ PLAIN TALK PHYSICIAN SURVEY ]

1. Approximately how many patients aged 10 to 19 years do you see per year?

_____ Total served

If this answer is zero, please tell us why you do not happen to have patients in this age range and skip to Question 7. _____

2. Please tell us what percentage of these young patients pay for your services from each of the following sources (approximately):

_____ Medicaid, SSI or other public funding
_____ Private insurance
_____ Self-pay
_____ Other
(please specify) _____

3. What percentage of your patients ages 10 to 13 are:

_____ White
_____ African American
_____ Hispanic
_____ Other ethnic group

4. When a new patient aged 10 to 19 tries to get an appointment to see you:

A. How many days is the average wait?

_____ Days wait
_____ Walk-ins accepted

B. Can the young person make an appointment for himself or herself and be seen without parental knowledge or consent?

_____ Yes
_____ No

C. Whether a parent attends a visit or not, how often do you spend some time alone with the adolescent, without the parent present?

_____ Always
_____ Sometimes
_____ Seldom
_____ Never

5. About how many of your adolescent patients per year ask you about contraception or contraceptive services?

_____ Number who ask per year

**6. Physicians have differing attitudes toward these issues. If an adolescent does NOT ask you about the following topics, how appropriate do you feel it is for YOU to bring up these topics with your young patients?**

| | | For you to bring it up is – | |
|---|---|---|---|
| | Always appropriate | Sometimes appropriate | Hardly ever appropriate |
| Whether the young person is having sexual intercourse | | | |
| Whether a sexually active young person is using some kind of contraception | | | |

**7. What is your medical specialty?**

_____ Allergy/immunology
_____ Cardiology
_____ Dermatology
_____ Endocrinology
_____ Family practice
_____ Gastroenterology
_____ Surgery
_____ General practice
_____ Hematology/oncology
_____ Infectious diseases
_____ Internal medicine
_____ Neurology
_____ Ob/gyn
_____ Urology
_____ Ophthalmology
_____ Orthopedics
_____ Otolaryngology
_____ Pediatrics
_____ Plastic surgery
_____ Psychiatry
_____ Other (what?)

**8. Which of the following services do you provide or provide through referral to adolescents?**

| | Provide directly to teens | Provide to teens through referral | Don't provide to teens |
|---|---|---|---|
| GYN exams | | | |
| Acute care for medical problem | | | |
| Contraception | | | |
| General physical exams | | | |
| Screening for STDs | | | |
| Treatment for an STD | | | |
| PAP tests | | | |
| HIV testing | | | |
| HIV counseling | | | |
| Prenatal care | | | |
| Pregnancy testing | | | |

9. What is the zip code of the area where you practice? ____/____/____/____/____

10. In your view, what are the biggest problems in serving the health needs of adolescents today?

_____

_____

_____

_____

_____

_____

[ How do adolescents find out about your services? ]

11. How do you advertise? _____ Yellow Pages
_____ Ads in public transportation
_____ Radio spots
_____ Newspaper
_____ Flyers
_____ Specific outreach to schools
_____ Word of mouth
_____ Other
(what?) _____

THANK YOU FOR YOUR HELP!

## PLAIN TALK INVENTORY OF SOURCES FOR NONPRESCRIPTION CONTRACEPTIVES

Site:
1. Drug store
2. Grocery store
3. Vending machine (where?)
_____
4. Other (where?)
_____

Street: _____

Zip code: ___/___/___/___/___

Date: ___/___/___
month day year

| | Condoms | Foam/spermicide | Sponge |
|---|---|---|---|
| How many brands available? | | | |
| **Manner of Display** | | | |
| Location | _____ behind counter (clerk had to get)<br>_____ open shelf<br>_____ other | _____ behind counter (clerk had to get)<br>_____ open shelf<br>_____ other | _____ behind counter (clerk had to get)<br>_____ open shelf<br>_____ other |
| Display with other contraceptives | _____ yes<br>_____ no | _____ yes<br>_____ no | _____ yes<br>_____ no |
| Visibility | _____ easy to find<br>_____ somewhat obscure<br>_____ had to ask | _____ easy to find<br>_____ somewhat obscure<br>_____ had to ask | _____ easy to find<br>_____ somewhat obscure<br>_____ had to ask |
| Had to ask to find? | _____ yes<br>_____ no | _____ yes<br>_____ no | _____ yes<br>_____ no |
| **Cost** | | | |
| Lowest | $_____ for_____ | $_____ for_____ | $_____ for_____ |
| Highest | $_____ for_____ | $_____ for_____ | $_____ for_____ |

## [ PLAIN TALK INVENTORY OF SOURCES FOR NONPRESCRIPTION CONTRACEPTIVES ]

### [ Purchase ]

1. Age: _____

2. Gender: _____ Male
_____ Female

3. Ethnicity: _____ African American
_____ White
_____ Hispanic
_____ Asian
_____ Other

4. What method of birth control did you purchase at this site?

_____ Condoms
_____ Foam/spermicide
_____ Sponge
_____ Other (what?) _____

**[ 5. When you asked for information was the response: (check as many as apply) ]**

_____ Polite
_____ Helpful
_____ Made you feel comfortable
_____ Made you feel embarrassed
_____ Couldn't get anyone to help
_____ Rude or negative

Please describe:

_____

_____

_____

_____

6. The overall purchase was:

_____ Easy
_____ Difficult

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114

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